

Name
in
Full

Daniel Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Heartbreak Hill Town Washington County District of Columbia

MARYLAND

Date of death <u>1907</u>	Month <u>2</u>	Day <u>19</u>	Age <u>73</u> Years	Months <u>4</u>	Bays <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			

Occupation Toll gate keeper Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Mary A. Dauber

Father's Name Wm. Baker Father's Birthplace Pa

Mother's Maiden Name Mariah Burley Mother's Birthplace Md

Name of person giving Information Emma Baker How related to deceased daughter

CAUSES OF DEATH

Primary

L. Grippe

10

How long

Forty-four hours

Immediate

Chorea

How long

Forty-four hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

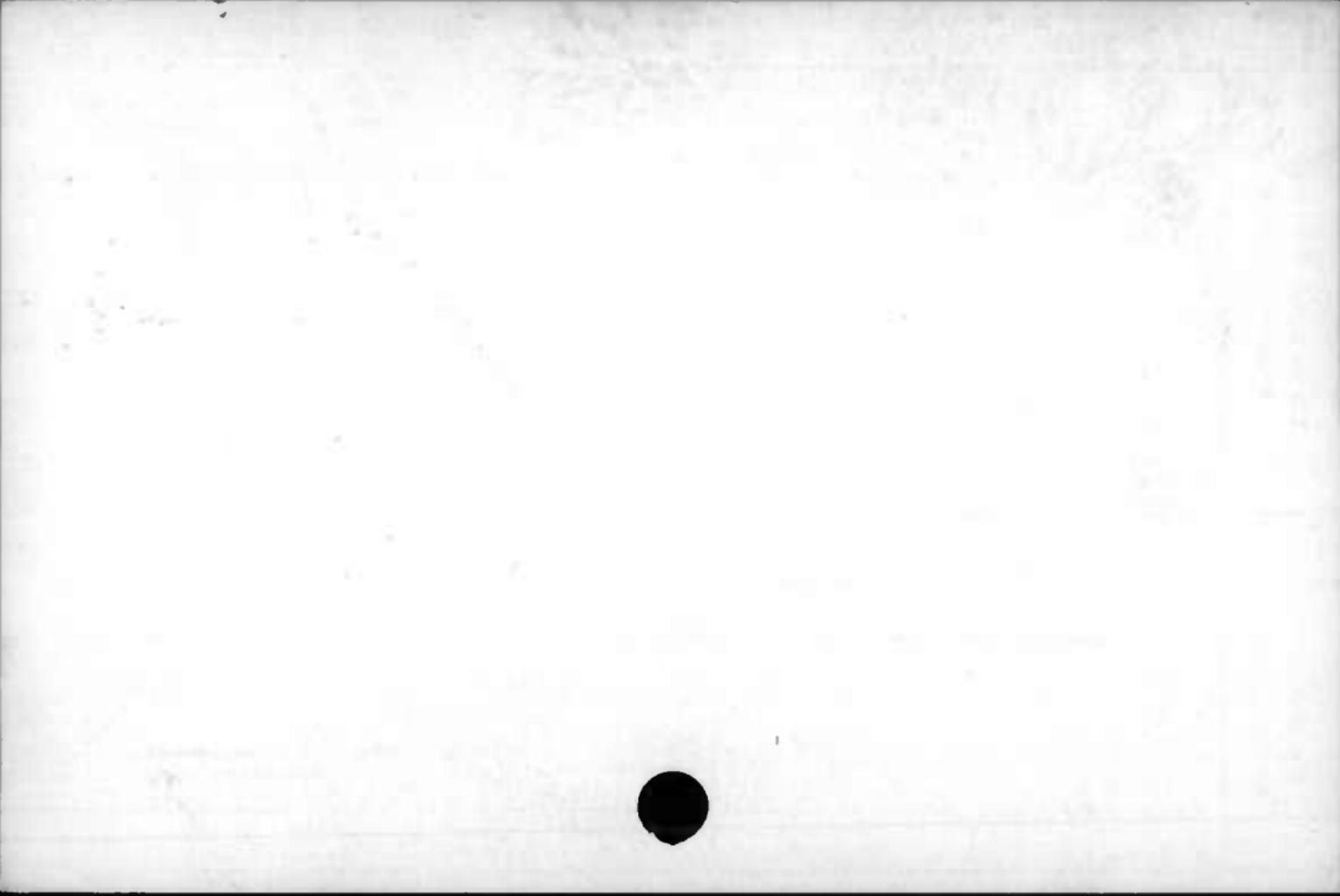
PHYSICIAN
OR CORONER

Yes

Address

Chas. A. Doyle, M.D.
Gascony

Accident or Suicide?



Name
in
Full

Daniel J Battle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Hagerstown			County Washington			MARYLAND	
Date of death 1907	Month 2	Day 6	Years Age 20 -		Months 4	Days 13	
Sex Male	Color or Race white		Birthplace Hagerstown		2nd		
Occupation Laborer	Where Residing if not at place of death Hagerstown						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Michael Battle				Father's Birthplace Ireland			
Mother's Maiden Name Nancy Barrett				Mother's Birthplace Ireland			
Name of person giving Information Nancy Battle				How related to deceased Mother			

CAUSES OF DEATH

Primary

Killed on R Road

166

How long

immediately

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Eliza G. Battle
acting coroner

PHYSICIAN
OR CORONER

Accident or Suicide?

Accident

Hagerstown 2nd

Dec 218/07

Name
in
Full

Sarah Frances Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hagerstown	Washington			
Date of death	Month	Day	Years	Months	Days
1907	2	15	63	9	7
Sex	Female	Color or Race	White	Birth place	Pa.
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Joasah Beard		
Father's Name	Mordeci H. Muller				
Mother's Maiden Name	Elizabeth Danaher				
Name of person giving information	End Beard				

CAUSES OF DEATH

Primary	Pneumonia	93	How long	1 week
Immediate	Cardiac asthma		How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. W. Monroe
			Address	Hagerstown Md.
Accident or Suicide?		no		

PHYSICIAN
OR CORONER

17

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Beuver

CERTIFICATE OF DEATH

Died	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	85	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife	Husband	Eliza Beuver	
Father's Name	John Beuver			
Mother's Maiden Name	Catharine, Mo. gts			
Name of person giving Information	Mrs. Mathias Young ✓			
Father's Birthplace Sharpburg				
Mother's Birthplace Filming ton				
How related to deceased Daughter				

CAUSES OF DEATH

Primary

General Debility
Heart failure

154

How long

months

Immediate

Signature of
Physician

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Address

S. W. Garrett,
Sharpburg, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

As. Elbade
undertaker

Name
In
Full

Susan Powers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town <u>Washington</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>24</u>	Years <u>81</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Age <u>81</u>		Birthplace <u>Ind</u>	
Occupation <u>House-work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>	Unknown			
Father's Name <u>Nancy Barber</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ellye Pruty</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>George Netts</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General debility (154)</u>	How long <u>Don't know</u>
Immediate	<u>Chronic Bronchitis</u>	How long <u>One year</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Daniel A. Watkins</u>
		Address <u>Hagerstown Ind.</u>

Accident or Suicide?

Beaver Creek

Name
in
Full

Samuel O Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Tango	Wash	Wash	MARYLAND
Date of death 1907	Month 2	Day 6	Years 50
Sex male	Color or Race White	Birth-place Rohrsville	Months 12 Days 12
Occupation Merchant	Where Residing if not at place of death Tango		
Married, Single or Widowed	Name of Wife or Husband Mary Buck		
Father's Name Josiah Buck	Father's Birthplace Wash Co		
Mother's Maiden Name Tango darina Kafawur	Mother's Birthplace Rohrsville		
Name of person giving information	How related to deceased Brother		
Bear Buck			

CAUSES OF DEATH

Primary

Paralysis

(66)

How long

3 years

Immediate

Paralysis of stomach

How long

7 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

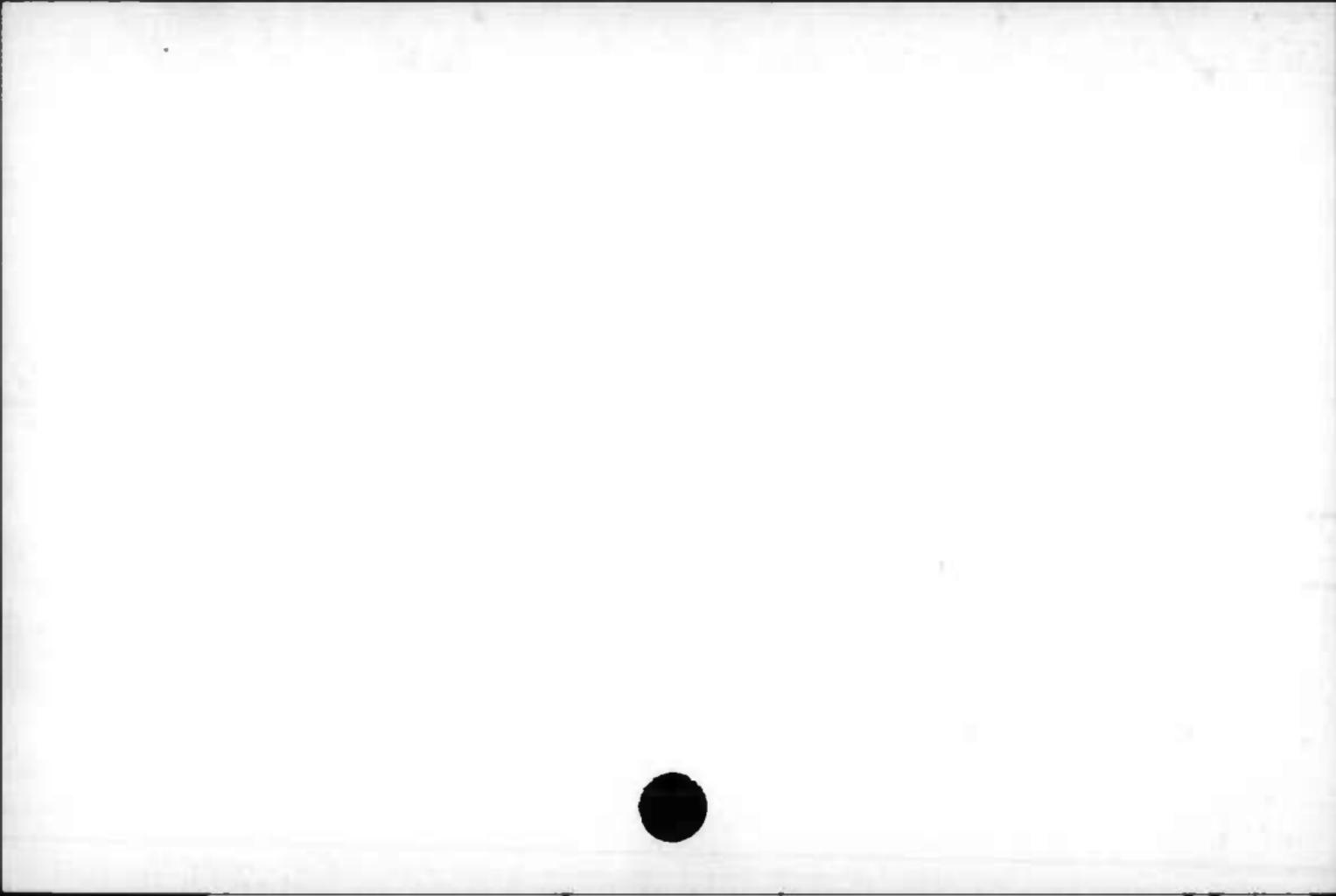
Signature of Physician

Address

W. M. Kihiser

Kearneysville W. Va

Accident or Suicide?



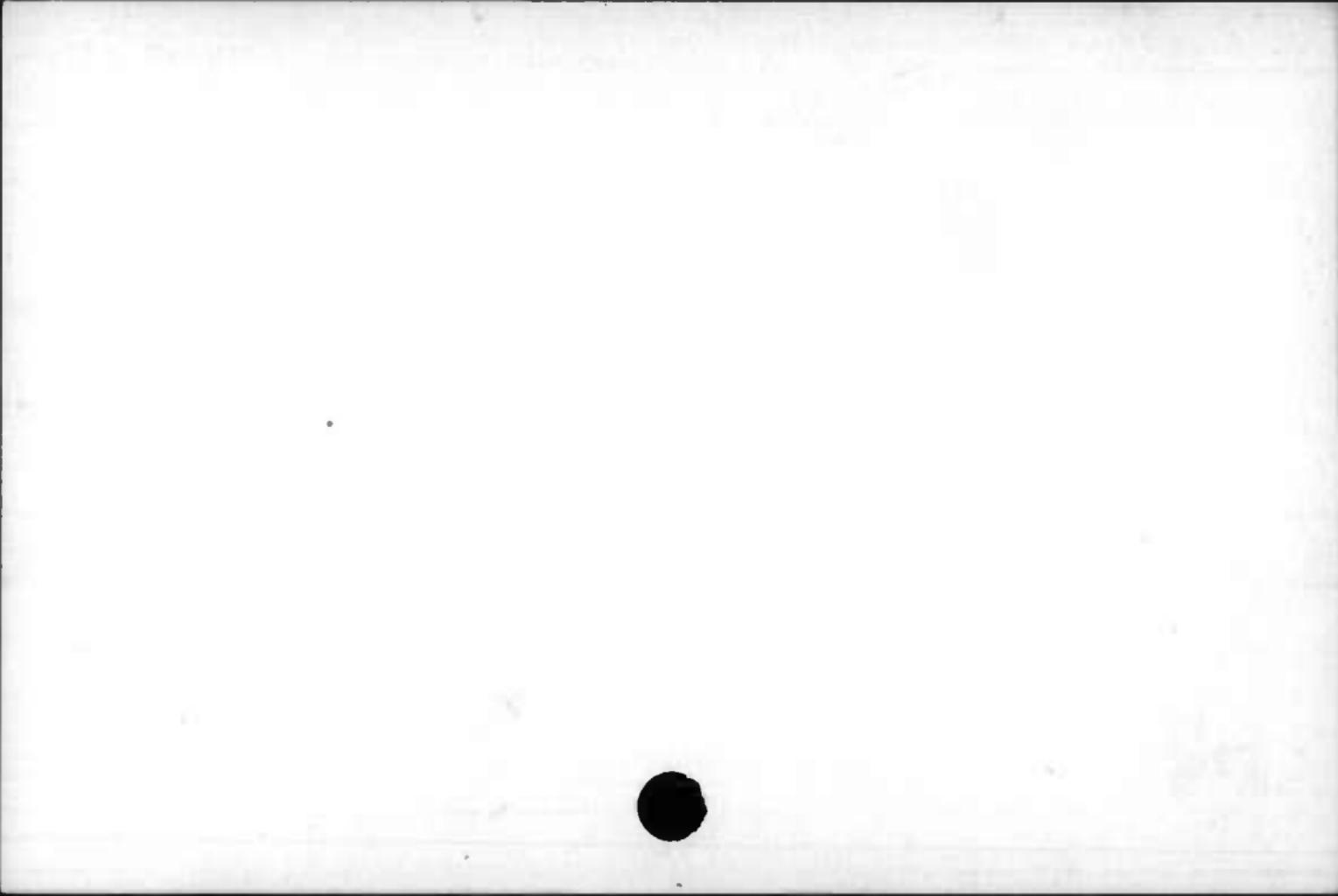
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Smethbury</u>		Town	<u>Buhrman</u>		County	MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>21</u>	Years	Age	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>	Birth-place <u>Baltimore</u>	County <u>Baltimore</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Vernonie Ann Buhrman</u>	Father's Name <u>Vernonie Ann Buhrman</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Nettie M. Jones</u>	Mother's Birthplace <u>Forrells, Pa.</u>	How related to deceased <u>Father</u>					
Name of person giving information <u>Vernonie Ann Buhrman</u>	CAUSES OF DEATH						
Primary <u>Still Born</u>	How long <u>-</u>						
Immediate <u>-</u>	How long <u>-</u>						
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. M. W. Kauvar</u>	Address <u>Smethbury</u>					
Accident or Suicide? <u>-</u>	Maryland						

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 12	Age 60	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place Long Meadow			
Occupation	House Wife		Where Residing if not at place of death	Frederick			
Married, Single or Widowed	Married		Name of Wife or Husband	James Burke			
Father's Name	Henry Geaver		Father's Birthplace	Middle Town			
Mother's Maiden Name	Cathem Butler		Mother's Birthplace	Hagerstown			
Name of person giving information	James Burke		How related to deceased	Husband			

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Chronic heart disease

How long

Immediate

Chronic heart disease

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F.O. Hoffmeyer

Address

1797 Washington St.

Accident or Suicide?

21 July

1847

Name
in
Full

Nellie May Castle

CERTIFICATE OF DEATH

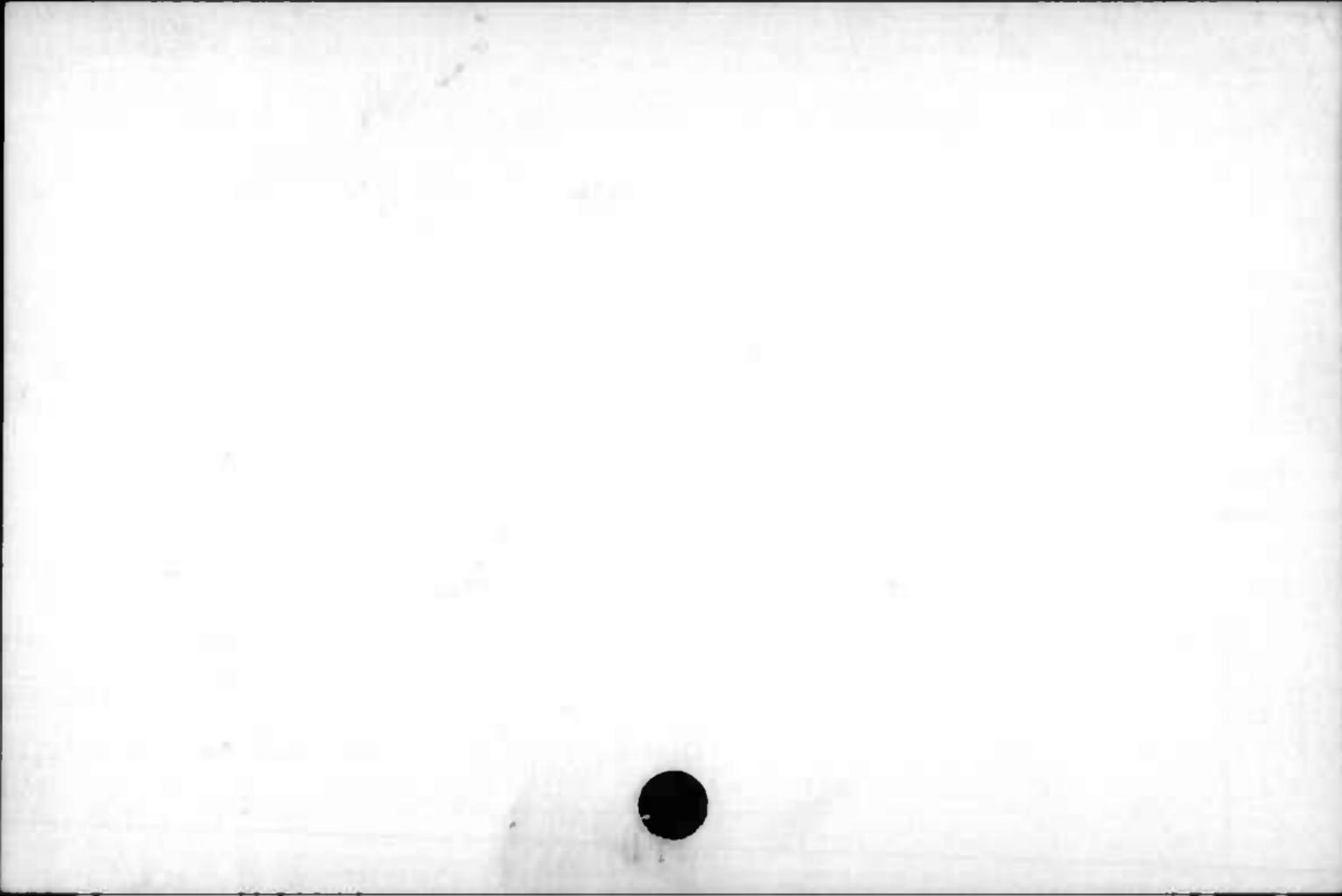
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Williamport	Washington		Months	Days	
Date of death	Month	Day	Years		
1907	2	28	Age		
Sex	Female	Color or Race	White	Birth-place	Williamport
Occupation	Child	Where Residing if not at place of death			
Married , Single or Widowed	Child	Name of Wife or Husband	Child	Father's Birthplace	Williamport
Father's Name	Victor G Castle			Mother's Birthplace	St. Vix
Mother's Maiden Name	Emma Bush			How related to deceased	Father
Name of person giving information	Victor G Castle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	-
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr. Richardson	
	Address	Williamport Md.	
Accident or Suicide?			



Name
in
Full

Mary. R. Chaney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1907		Month 2	Day 13	Years 1	Months 3	Days
Sex Female		Color or Race White	Birth-place		Maryland	
Occupation Child		Where Residing if not at place of death				
Married, Single or Widowed Child		Name of Wife or Husband			Child	
Father's Name Harry M. Chaney		Father's Birthplace Md				
Mother's Maiden Name Bertha. L. Chaney		Mother's Birthplace Md				
Name of person giving Information Harry M. Chaney		How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteric colitis		105	How long	3 days
Immediate	Brain Fever			How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. S. Patonagle	
			Address	Hagerstown Md	
Accident or Suicide?					

Wuifst -

Name
in
Full

Elizabeth Bloppen,
Rock Forge Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Feby	2	78	10	6
Sex	Female	Color or Race	White	Birth-place	
Occupation	Home	Where Residing if not at place of death	Rock Forge		
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry Bloppen.		
Father's Name	Samuel Blim			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Blim			Mother's Birthplace	Md.
Name of person giving information	H B Bloppen			How related to deceased	Son.

CAUSES OF DEATH

104

Primary	Age & weak heart	How long	Years
Immediate	Acute Indigestion	How long	Few days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

J. A. Thompson

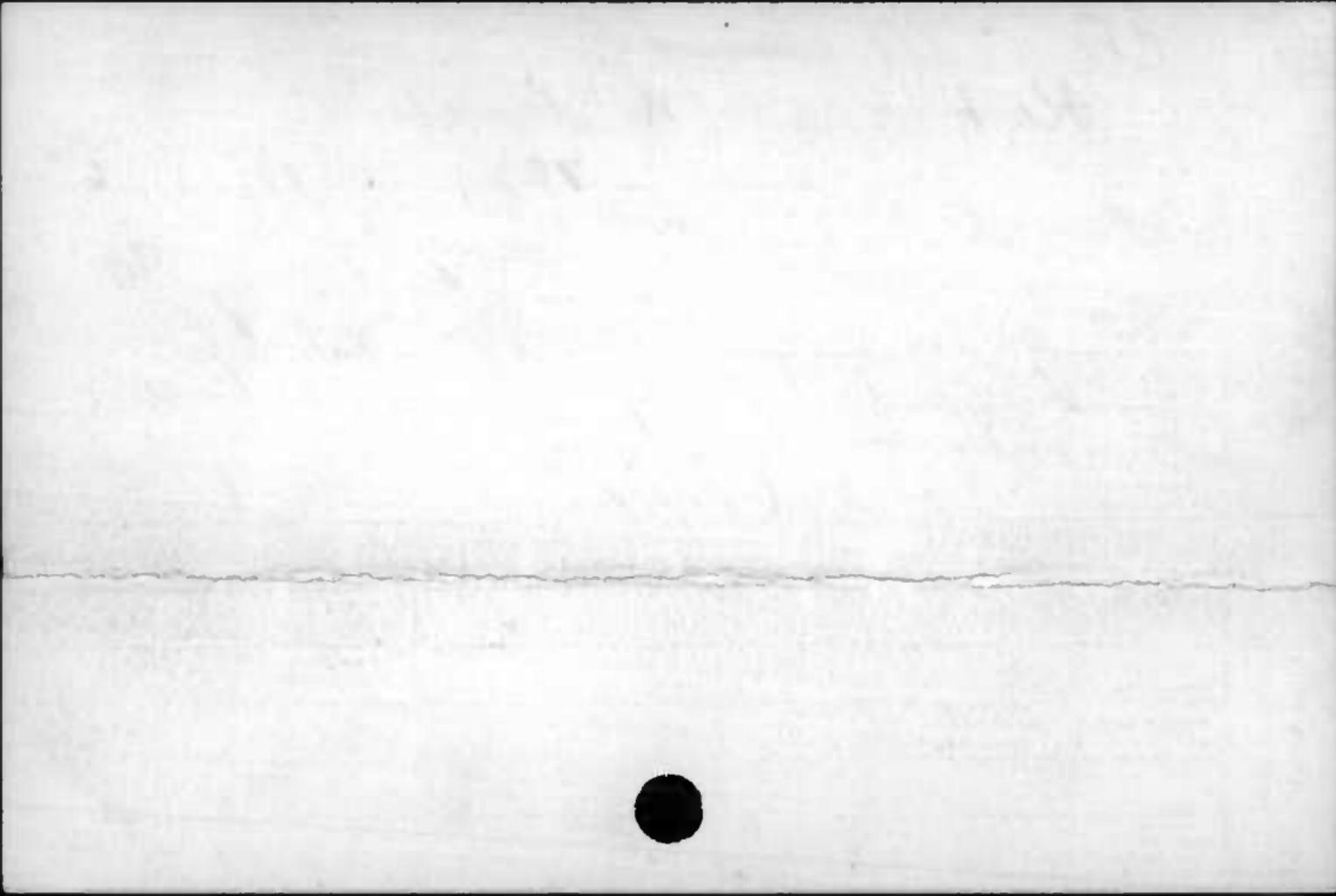
Address

120 W. Main St

Waynesboro Pa

Accident or Suicide?

No.



Name
in
Full

Ellen A. Christ ~~Christ~~ ~~Crust~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 2.	Day 19	Years 38	Months	Days
Sex	Female	Color or Race	White	Birth-place	Penn.	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		George Crust			
Father's Name	John Tonky		Father's Birthplace	Penn.		
Mother's Maiden Name	Lea Etter		Mother's Birthplace	Penn.		
Name of person giving Information	George Crust		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

Six or eight years.

Immediate

Heart failure

How long

Sudden.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. S. Richardson

Address

Williamsport Md.

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Tango</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>11</u>	Years <u>19</u>	Age <u>19</u>	Months <u>10</u>	Day <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Tango</u>				
Occupation			Where Residing if not at place of death <u>Tango</u>			
Married, Single or Widowed		Name of Wife or Husband <u> </u>				
Father's Name <u>Ernest Daugherty</u>		Father's Birthplace <u>Fairplay</u>				
Mother's Maiden Name <u>Christina M. Holstun</u>		Mother's Birthplace <u>Gordon Va</u>				
Name of person giving information <u>Ernest Daugherty</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Diabetes

30

How long

Immediate

Stroke
eyes

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. O. Baker

Robersons
Maryland

Accident or Suicide?

L E Sumner & Son

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Susan Daugherty</i>						CERTIFICATE OF DEATH	
Died at		Town	County			MARYLAND	
Date of death	1907	Month 2	Day 4	Years Age	67	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth- place	<i>MD</i>		
Occupation	<i>Hairdresser</i>			Where Residing if not at place of death	<i>111 N. Daugherty</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>W. J. Daugherty</i>	Father's Name	<i>W. J. Daugherty</i>		
Father's Name	<i>W. J. Daugherty</i>			Father's Birthplace	<i>W. J. Daugherty</i>		
Mother's Maiden Name	<i>don't know</i>			Mother's Birthplace	<i>W. J. Daugherty</i>		
Name of person giving Information	<i>W. J. Daugherty</i>			How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

(79)

How long

Some weeks

Immediate

Lead or mercury Paralysis

How long

Some weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

yes

*Chas. D. Ragle
Hagerstown, Md.*

St Pauls

Name
in
Full

Louisa Delander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elias Delander			
Father's Name	Jacob Higman		Father's Birthplace	Va	
Mother's Maiden Name	Eunice Mergen		Mother's Birthplace	Va.	
Name of person giving Information	George W. Busherman		How related to deceased	louis Law	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Louise Lebility

How long

1 year

Immediate

Heart Failure

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

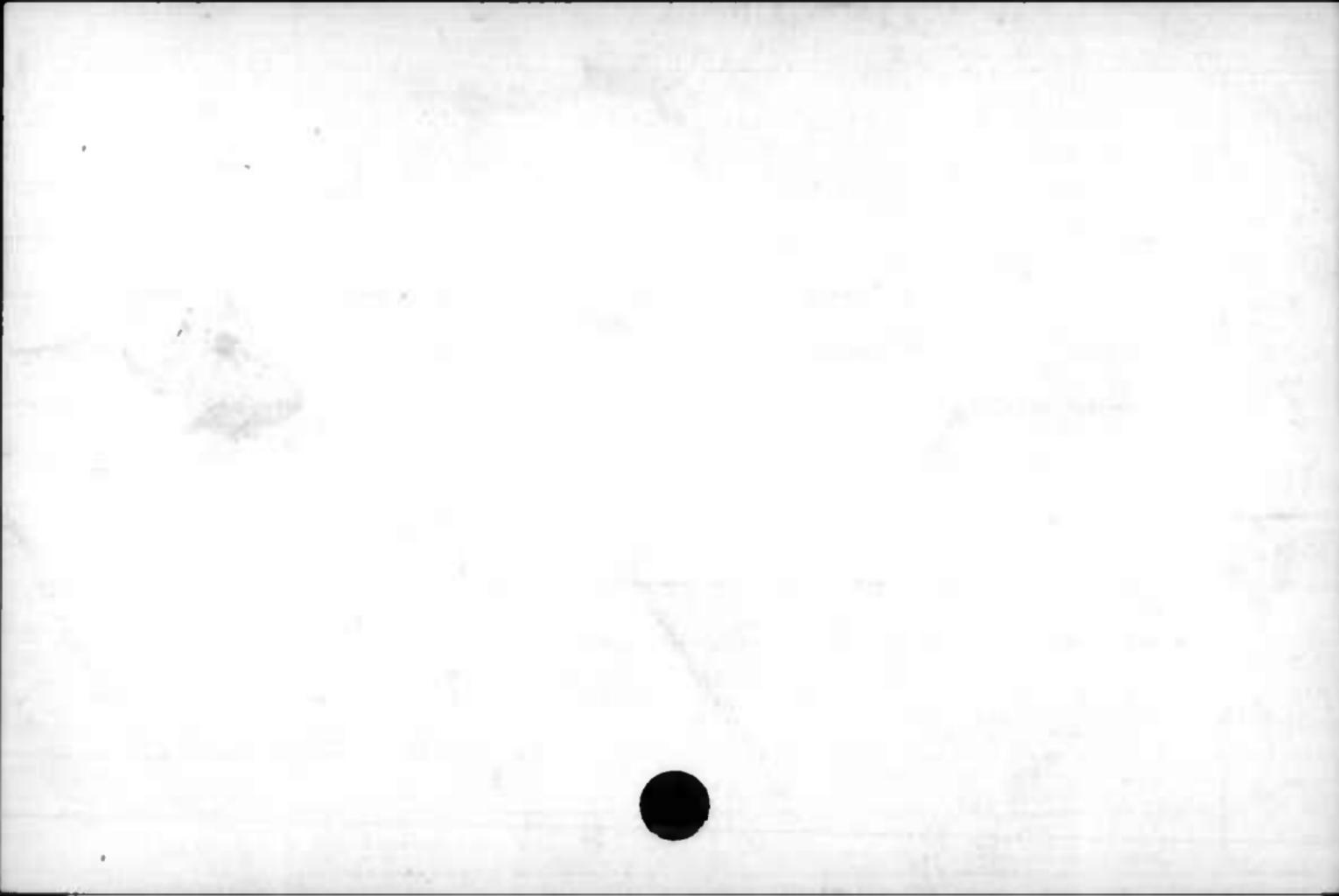
Address

W. S. Feruman

Hagerstown
Md.

Accident or Suicide?

no



Name
in
Full

John Clinton Sylvester Detrich

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 4	Years 11	Months 8	Days 3	
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John S. Detrich		Father's Birthplace	Pa			
Mother's Maiden Name	Estella J. Atherton		Mother's Birthplace	Pa			
Name of person giving Information	J. J. Detrich		How related to deceased	Father			

CAUSES OF DEATH

Primary

Siphunia

9

How long

10 days

Immediate

Heart Weakness

How long

4 ..

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Kurtis Dmally
Boquus San

Accident or Suicide?

no

Bakers Run Pa

Name
in
Full

George E Dubel

CERTIFICATE OF DEATH

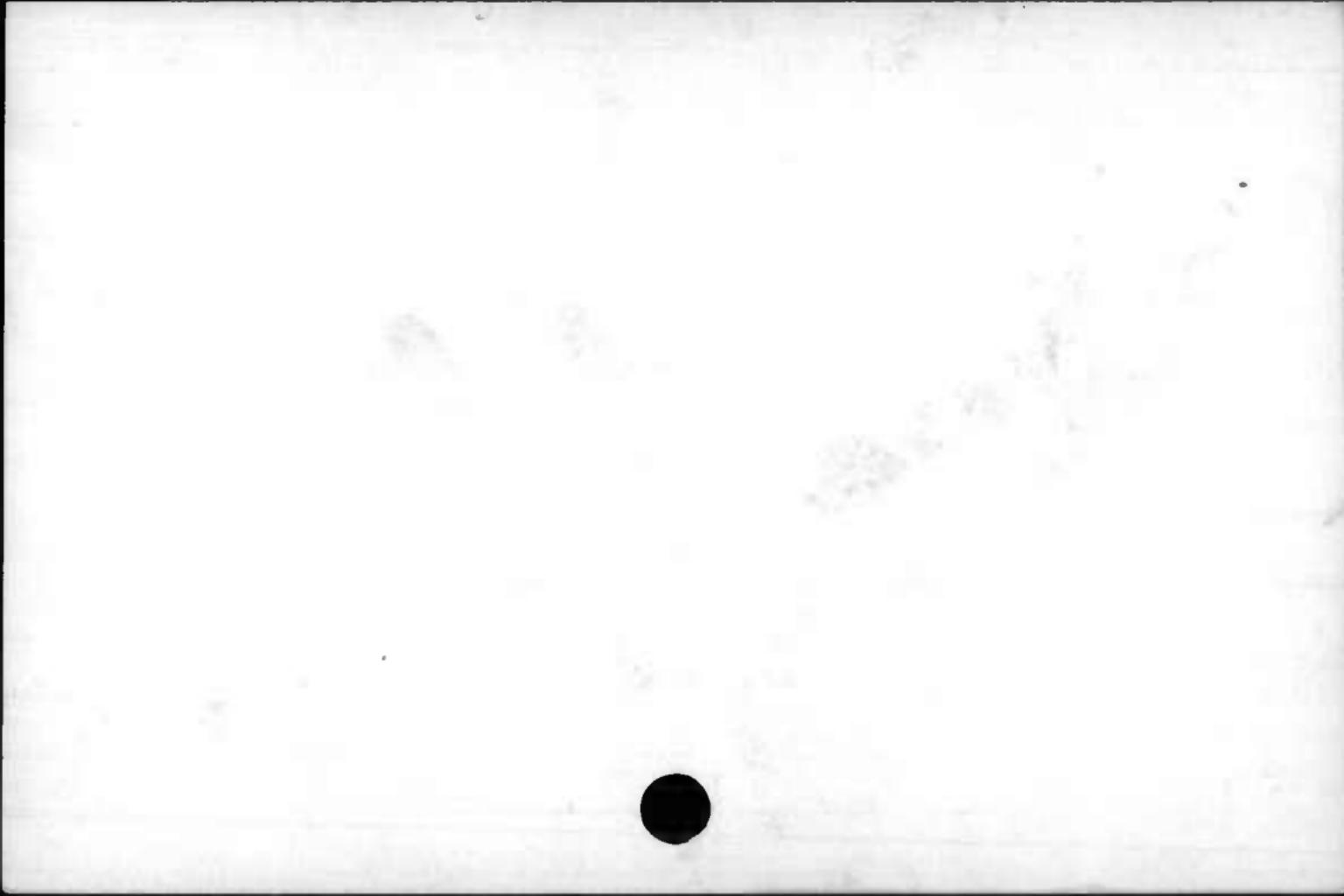
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Hagerstown		own	County	MARYLAND							
Date of death	1907	Month	2	Day	28	Years	19	Months	—	Days	—	
Sex	Male	Color or Race	White	Birth-place	md							
Occupation	Wood Worker	Where Residing if not at place of death										
Married, Single or Widowed	Single	Name of Wife or Husband										
Father's Name	George Dubel		Father's Birthplace	md								
Mother's Maiden Name	Charlotte Remmer		Mother's Birthplace	md								
Name of person giving information	Saulsberry Platt		How related to deceased	Brother Law								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria		9	How long	2 weeks.
Immediate	Toxemia Cardiac Diphtheria			How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	W. M. Morrison	
			Address	Hagerstown md	
Accident or Suicide?		No			



Name
in
Full

Annie V. Dutrow

CERTIFICATE OF DEATH

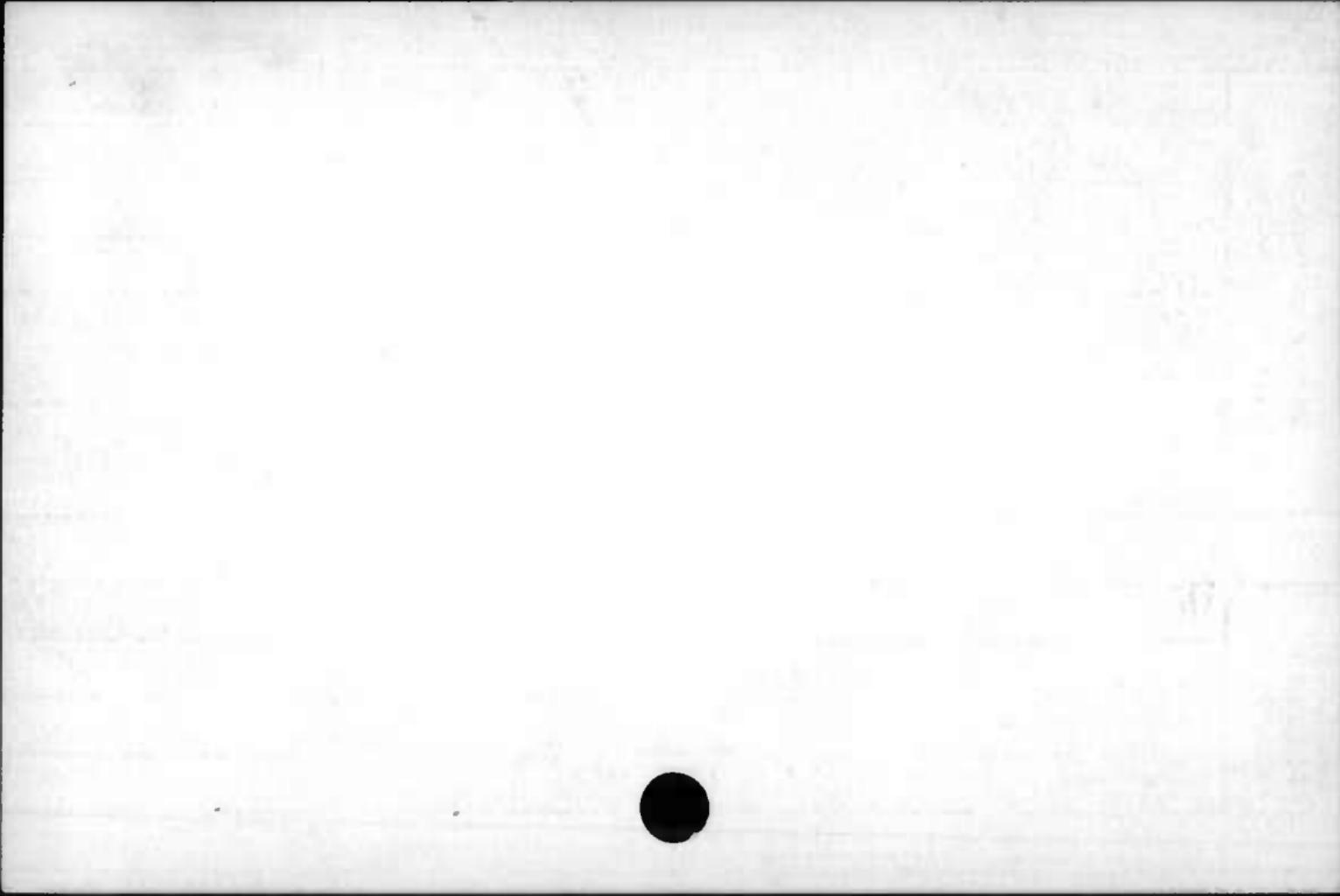
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month 2	Day 25	Years 35	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Housekeeper		Where Residing if not at place of death	Baltimore, Md.		
Married, Single or Widowed	single	Name of Wife or Husband	X X X X			
Father's Name	Daniel Dutrow		Father's Birthplace	Md. Co. Md		
Mother's Maiden Name	Elizabeth Drell		Mother's Birthplace	Md. Co. Md		
Name of person giving Information	Mrs. Jacob Hazzell		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia. Lobar. 93		How long
Immediate	Inhauotwin		8 days.
Are the name, age, sex, color, date and place correctly given above?	Yes..	Signature of Physician	How long
		Address	" "
Accident or Suicide?	No -		Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jacob F. Eaway

Wash County

CERTIFICATE OF DEATH

State
MARYLAND

Died at Sharpesburg Town Wash County
Date of death 1907 Month 2 Day 19 Years 75 Months 10 Days 10
Sex Male Color or Race White Birth-place Sharpesburg

Occupation Farmer Where Residing if not at place of death Sharpesburg

Married, Single or Widowed

Name of Wife or Husband

Elizabeth Eaway

Father's Name

Father's Birthplace

Don't Know

Mother's Maiden Name

Mother's Birthplace

Don't Know

Name of person giving Information

How related to deceased

Wife

CAUSES OF DEATH

Primary

Grippe

10

How long

About 10 days

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Early Guest
Sharpesburg, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

L E Simonsen & Son

Rhoda S. Easay

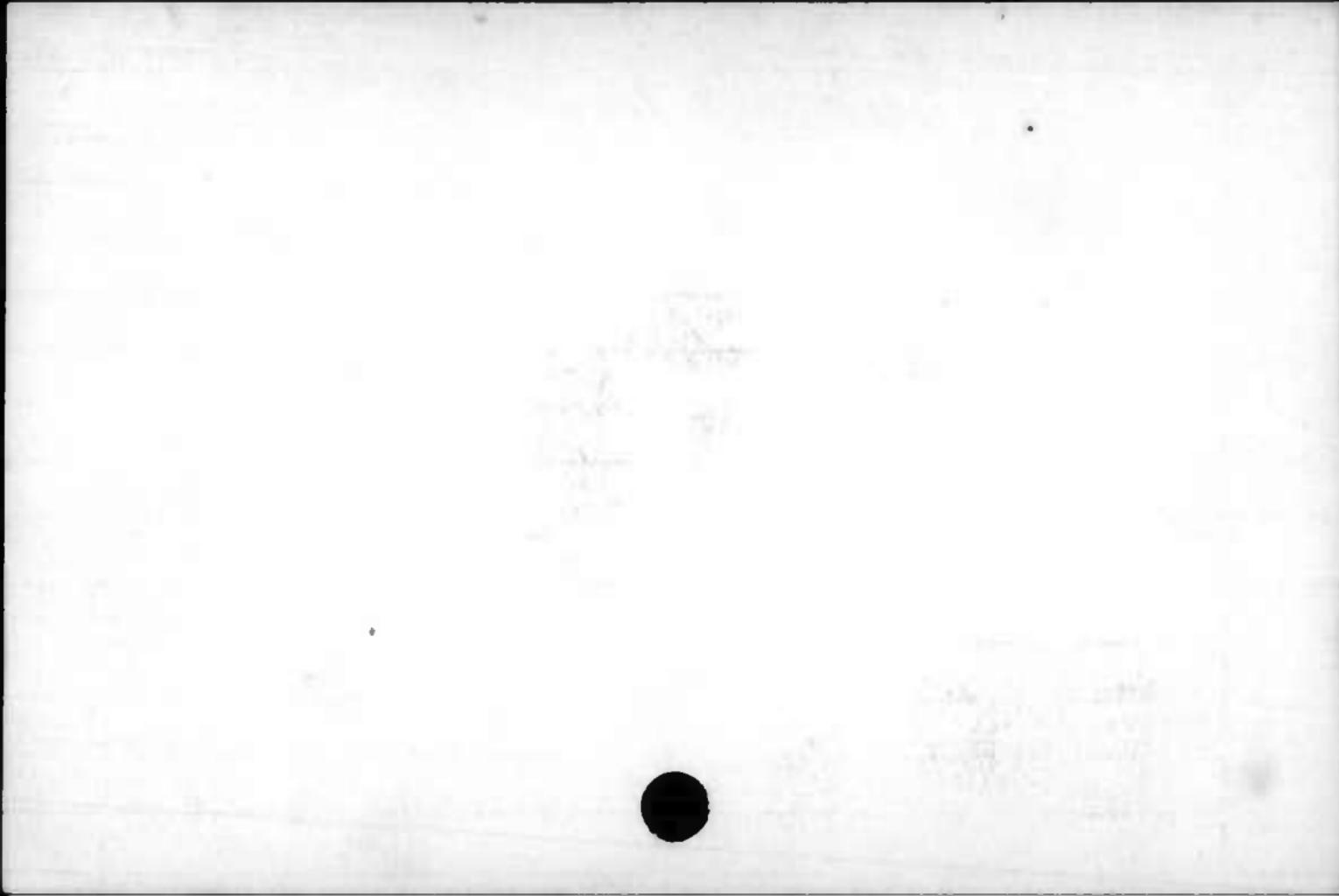
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Feb	Day 19th	Years 45	Months	Days	
Sex	Female	Color or Race	white		Birth-place	Md	
Occupation	H. W.		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of wife or Husband	Clinton Easay			
Father's Name	Daniel Holmes		Father's Birthplace			Md	
Mother's Maiden Name	Mary Gimmerman		Mother's Birthplace			Md	
Name of person giving information	Clinton Easay		How related to deceased			Husband	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer	45	How long	Several years
	Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. C. H. Frager	
			Address	Hagerstown Md	
Accident or Suicide?		No			



Name
in
Full

Jonas W Eby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	83	2	14	
Occupation	Retired Farmer	Where Residing if not at place of death	Susana Hershey.			
Married, Single or Widowed	Married	Name of Wife or Husband	Father's Birthplace			
Father's Name	Benjamin Eby		Penns.			
Mother's Maiden Name	Veronica Wiltner		Mother's Birthplace			
Name of person giving information	Benjamin H Eby		Pennsylvania			
CAUSES OF DEATH			How long			
Primary	Heart Disease			100 weeks		
Immediate				How long		

104

PHYSICIAN
OR CORONER

Primary

Heart Disease

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

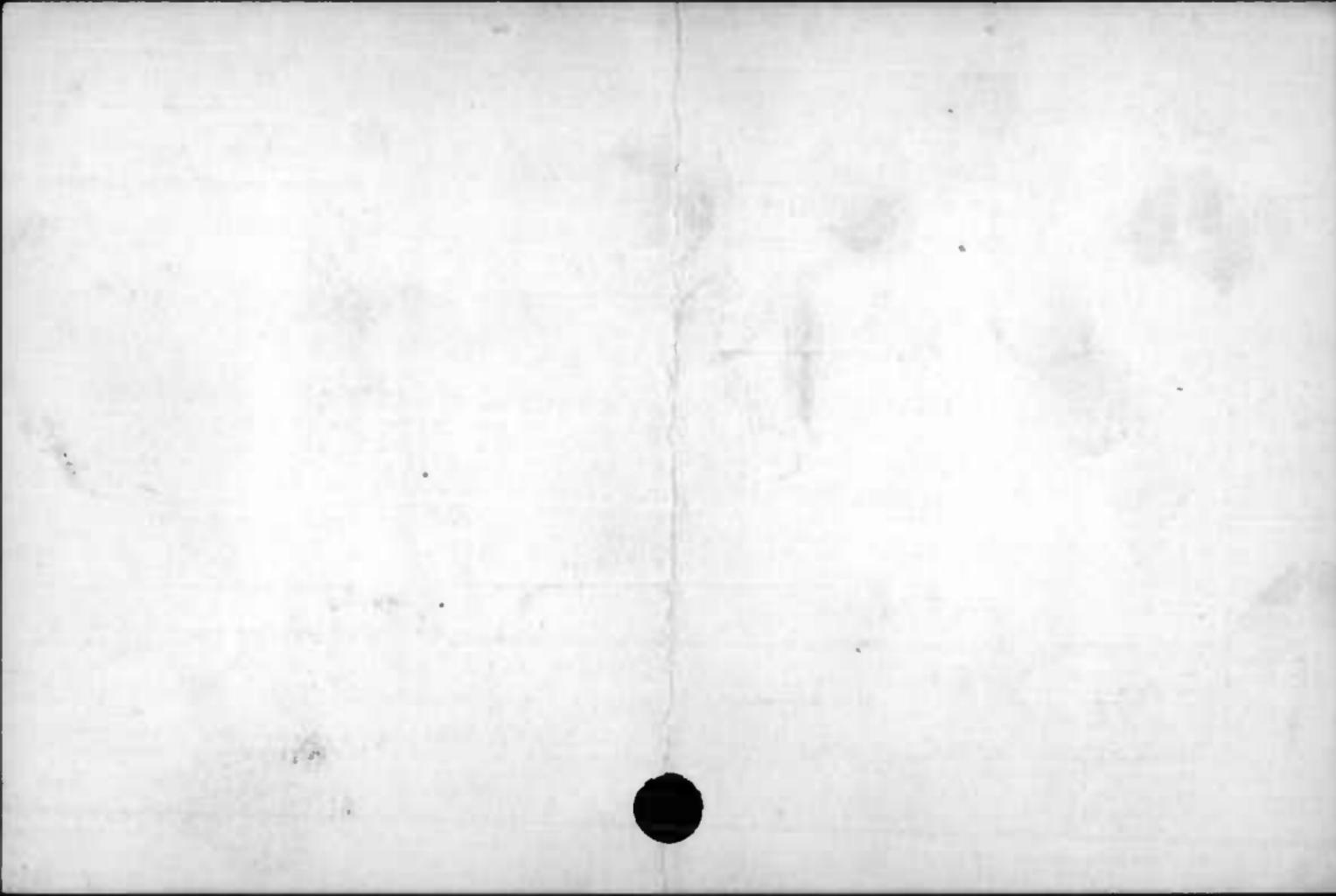
Yes

Signature of Physician

Address

DR. C. R. Miller
McCourtney
PA

Accident or Suicide?



Name
in
Full

Harry C. S. Froid

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Boardsboro.	Washington		Months	Days
Date of death 1907	Month	Day	Years	
February 21			22	
Sex	Color or Race	White	Birth-place	
Single			Maryland	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single	Otto J. Froid			
Father's Name			Father's Birthplace	Maryland
Mother's Maiden Name	Ettie Haupt		Mother's Birthplace	Maryland
Name of person giving Information	Otto J. Froid		How related to deceased	Father

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary

Pneumonia, Cerebral

How long

4 months

Immediate

Paralysis

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

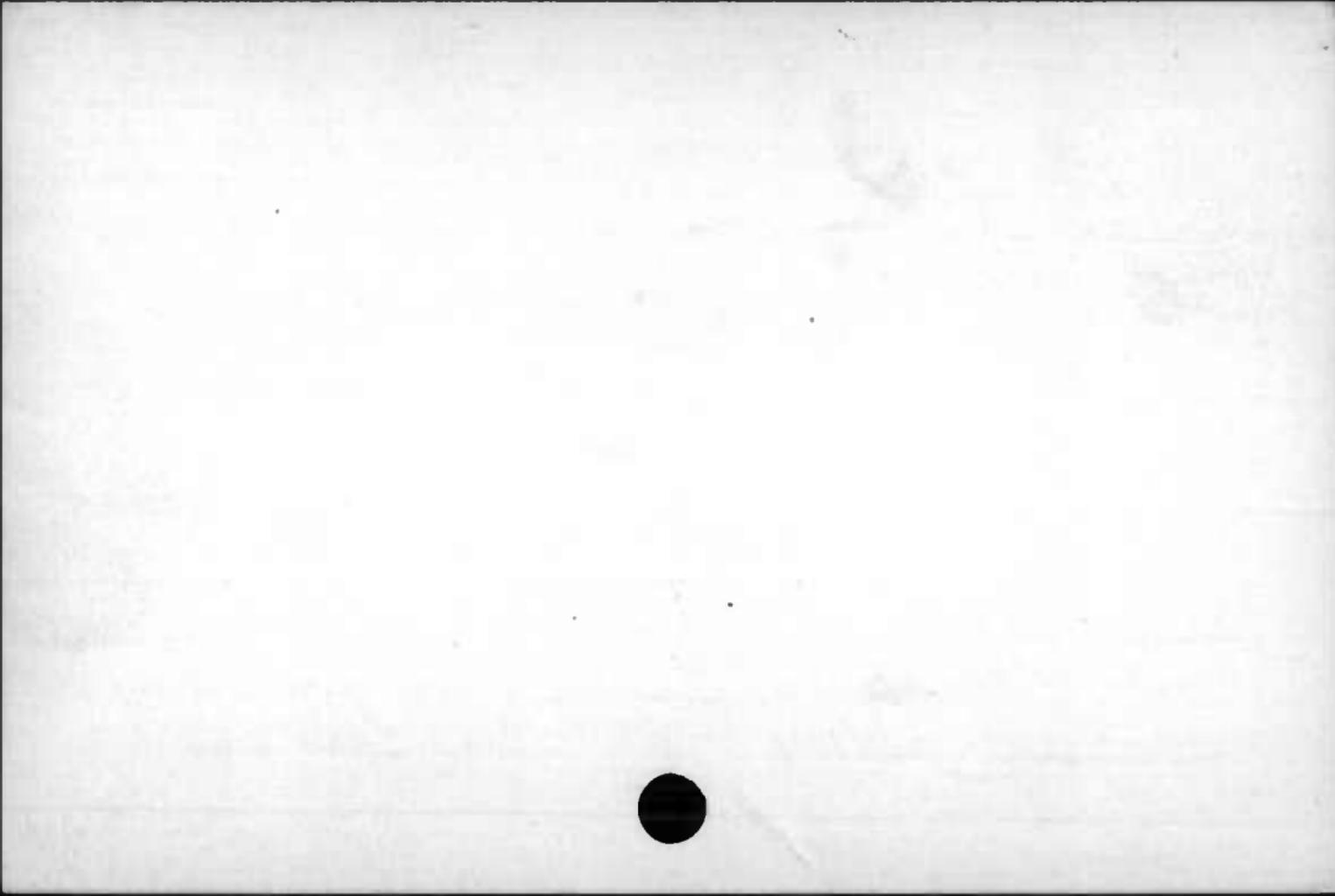
J. Hubert M. M.D.
Boardsboro.

Md.



Accident or Suicide?

No.



Name
In
Full

Agnes Furry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Feb	Day 25	Years	Months	Days 11
Sex Female	Color or Race White	Birth-place Ind			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<input checked="" type="checkbox"/>			
Father's Name	William Furry	Father's Birthplace	Pa		
Mother's Maiden Name	Elizabeth Hull	Mother's Birthplace	NYC		
Name of person giving Information	William Furry	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chancitism

151

How long

Two days

Immediate

Are the name, age, sex, color, date and place correctly given above?

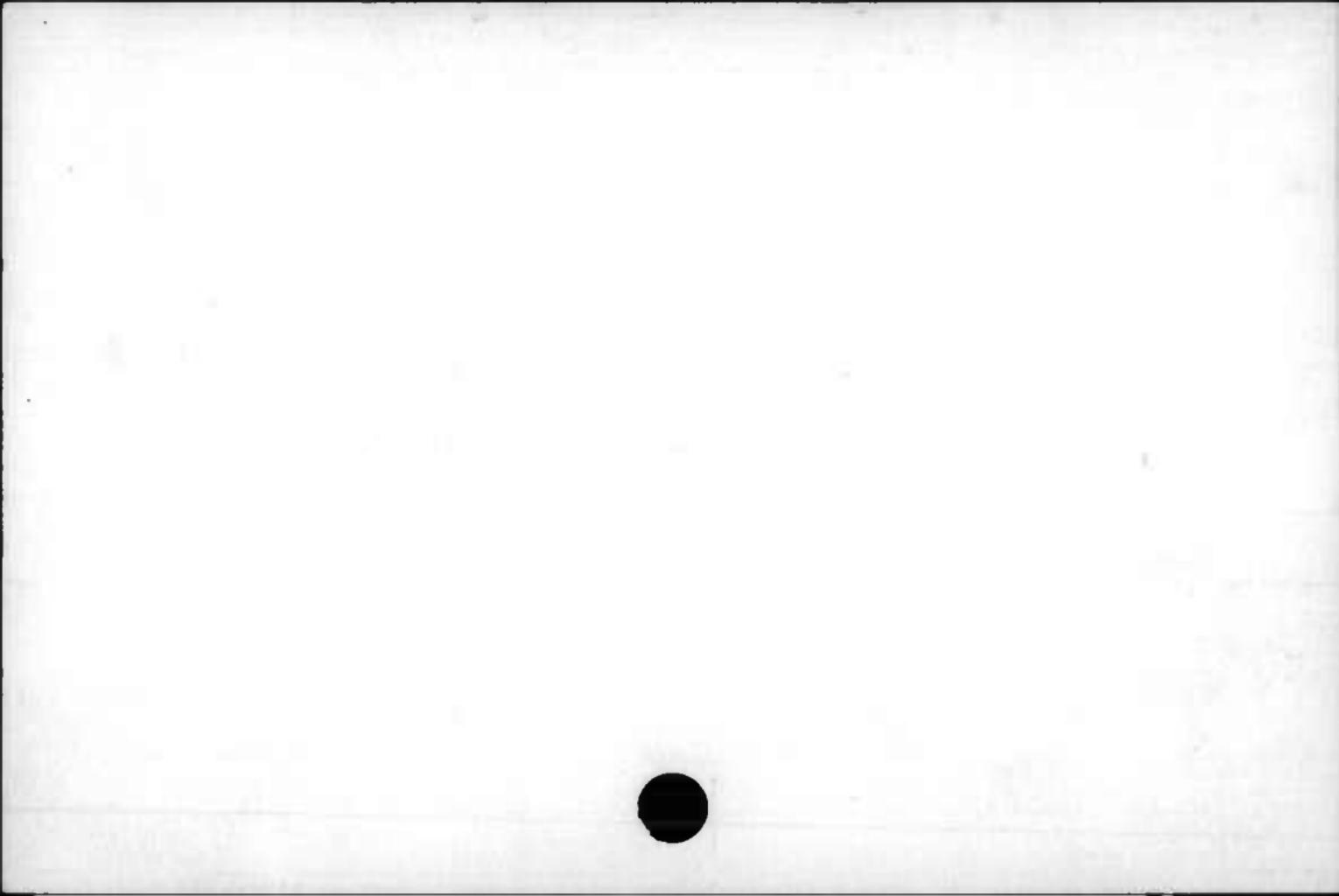
Yes

Signature of Physician

Address

J. P. Perry
Clearspring

Accident or Suicide?



Name
in
Full

Charles M. Futterer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907		Month 2	Day 18	Years 66	Months 10	Days 23	
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Wife	Otilia B. Futterer				
Father's Name	Aloysius Futterer					Father's Birthplace	Germany
Mother's Maiden Name	Catherine Stutts					Mother's Birthplace	"
Name of person giving information	J Frank Futterer					How related to deceased	Brother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

50

How long

unknown

Immediate

Coma

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

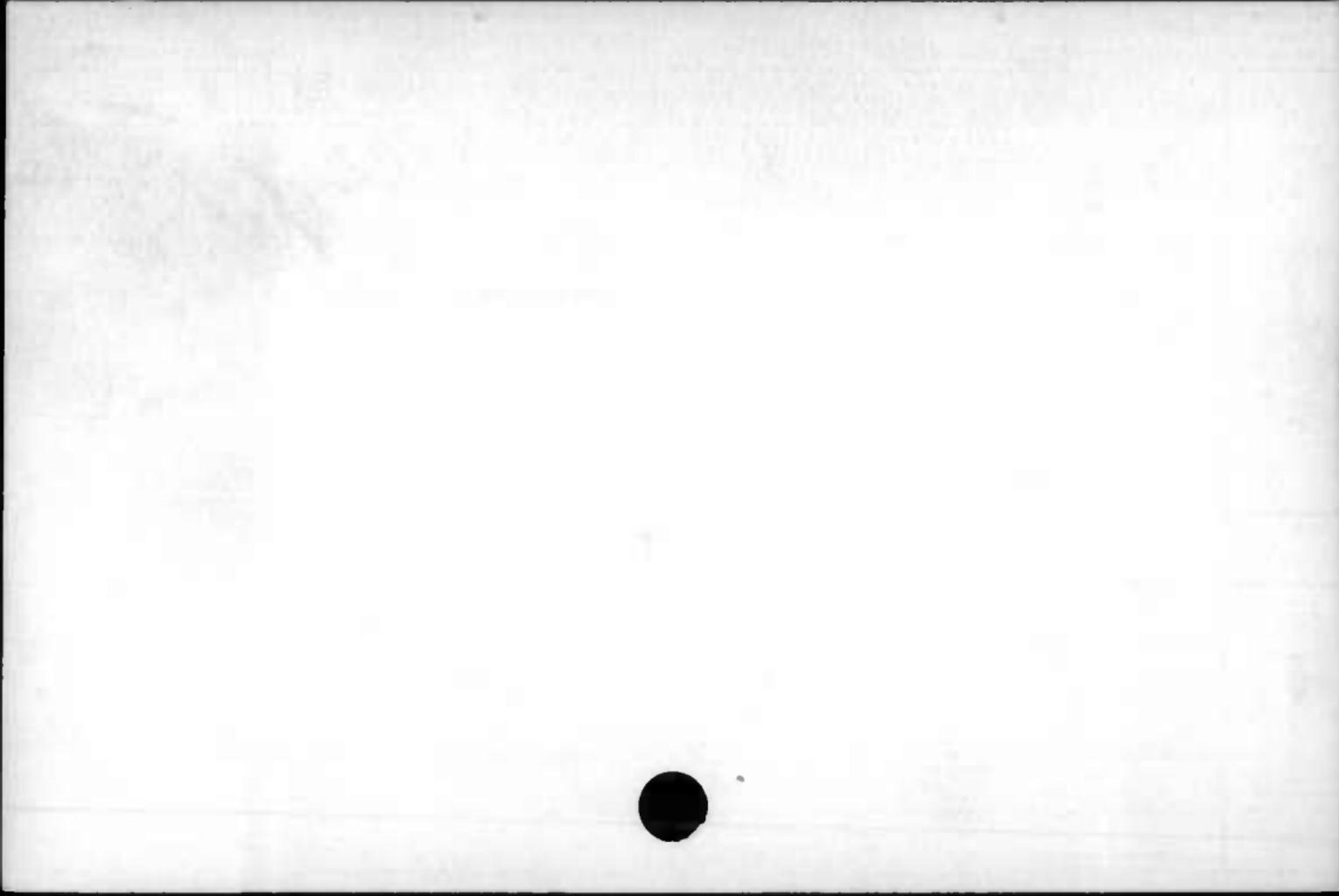
Yes

Signature of Physician

Address

W. P. Scott

Accident or Suicide?



Name
in
Full

Mrs Rebecca Good

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town County wash.
Date of death 1907 Month 2 Day 5 Years 82 Months 5 Days 23
Sex female Color or Race white Birthplace md.
Occupation Cady of Leisure Where Residing if not at place of death _____
Married, Single or Widowed widow Name of Husband William Good
Father's Name John Shank Father's Birthplace md.
Mother's Maiden Name Matilda full maiden name not known Mother's Birthplace _____
Name of person giving information Mrs John Sprinkle How related daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular disease of Heart

3 or 4 months

Immediate

1

..

" " Vomiting

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas B Boyle

Hagerstown
Md.

Accident or Suicide?

no

Broadfordin g.

Name
in
Full

Maggie Sophia Grossnickel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Rhoadysville	Wash		MARYLAND
Date of death	Month	Day	Years
1907	2	8	47
Age	Months	Days	2 19
Sex	Color or Race	Birth-place	
Female	White	Rhoadysville	
Occupation	Where Residing if not at place of death		
None	Rhoadysville		
Married, Single or Widowed	Name of Wife or Husband		
Married	John A Grossnickel		
Father's Name		Father's Birthplace	Frede Co
Mother's Maiden Name	Mary J Grossnickel	Mother's Birthplace	Bunkertown
Name of person giving information	Maggie Grossnickel	How related to deceased	Mother

CAUSES OF DEATH

Primary: Paralysis & Imbecility (10) How long: 40 years

Immediate: La Grispe How long: 10 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

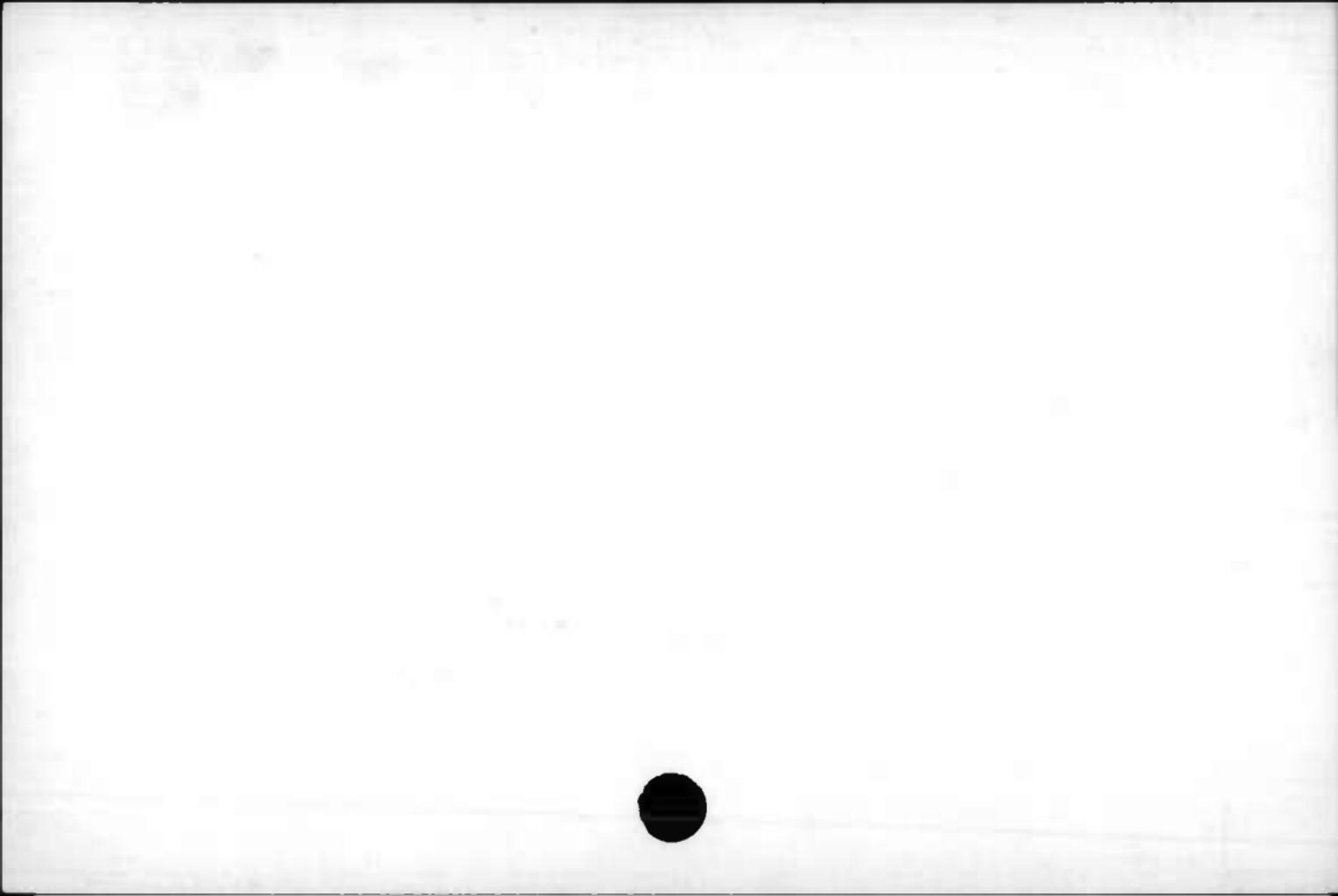
Yes

Signature of Physician

Address

W. M. Kihiser
Keedysville Md.

Accident or Suicide?



Name
in
Full

Margaret L. Graw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington	County	MARYLAND						
Date of death	1907	Month	Feb	Day	12	Years	84	Months	—	Days
Sex	Female	Color or Race	white	Birth-place	Baltimore					
Occupation	none	Where Residing if not at place of death								
Married, Single or Widowed	Widowed	Name of wife or Husband	Daniel L. Graw dec'd							
Father's Name	Jonathan Shafner	Father's Birthplace	Nash. Co.							
Mother's Maiden Name	Susan Ringer	Mother's Birthplace	"							
Name of person giving information	Ms. Wm Blockford	How related to deceased	Daughter							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	66	How long	several years
Immediate	Paralysis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C. C. Graw
			Address	Shady Spring Md
Accident or Suicide?				

Chas. S. Wade
undertaker

Name
in
Full

David Hamburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Hagerstown		County	MARYLAND		
Date of death	1907	Month 2	Day 19	Years 80	Months 1	Days 23
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Painter					
Married, Single or Widowed	Widower					
Father's Name	Isaac Hamburg					
Mother's Maiden Name	Rebecca Nicholas					
Name of person giving Information	Bernard Hamburg					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Diseases of liver			How long	Months
Immediate	Cardiac failure			How long	2 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	G. H. Hamburg	
Yes			Address	Hagerstown, Md.	
Accident or Suicide?				No	

1947

1948

1949

1950



Name
in
Full

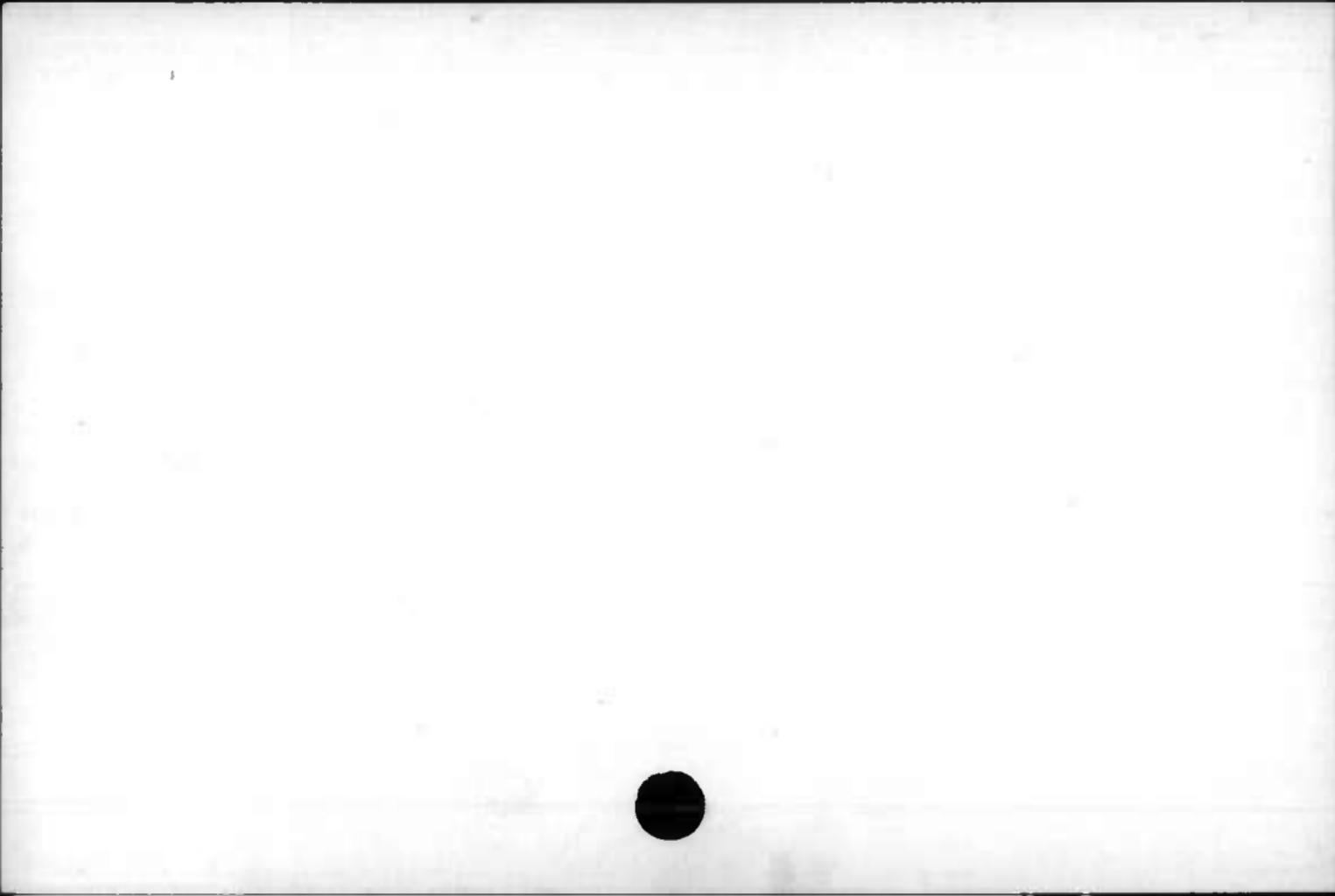
To BE ANSWERED BY
NEAREST FRIEND

<i>Narcissa Hammond</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		21	5	72	11	8
Sex	Female		Color or Race	White		
Occupation	Retired.		Where Residing if not at place of death	Fairplay		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Hammond		Father's Birthplace	Virginia		
Mother's Maiden Name	Sarah Blough		Mother's Birthplace	Boonsboro MD		
Name of person giving information	Mrs. G. T. South		How related to deceased	Daughter.		

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	Intestinal Nephritis		How long	?
	Immediate	Acute Pulmonary Occlusion		How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Yea	Signature of Physician	V. M. Reichard	
			Address	Fairplay	
Accident or Suicide?					



Name
in
Full

Luther A Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death 1907	Month 2	Day 20	Years 52	Months 2	Days 28	
Sex Male	Color or Race White	Birth-place Reedysville				
Occupation Farmer	Where Residing if not at place of death Reedysville					
Married, Single or Widowed	Name of Wife or Husband Laura Hammond					
Father's Name Abraham Hammond	Father's Birthplace Reedysville					
Mother's Maiden Name Elizabeth Doub	Mother's Birthplace Reedysville					
Name of person giving information Laura Hammond	How related to deceased Wife					

CAUSES OF DEATH

Primary

Grippe

10

How long

3 days

Immediate

Apyretic Pleur Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

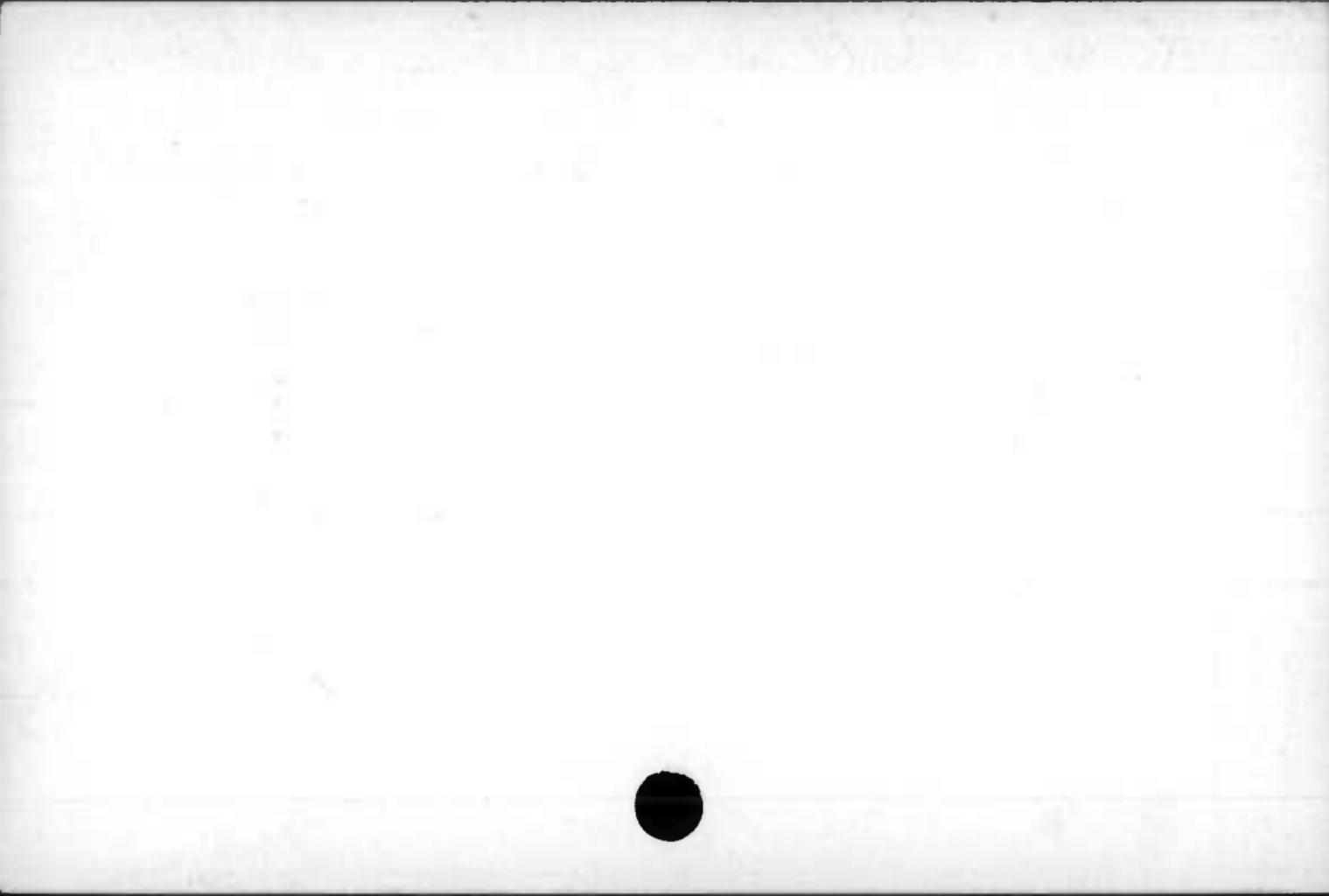
Signature of Physician

Address

Yes

H. L. Kibbee
Reedysville Md

Accident or Suicide?



Name
in
Full

Wzatt Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town <u>Washington</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>6</u>	Years <u>64</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Red Na</u>			
Occupation <u>Laber</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>W. Moore</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Pa stopper

How long

10 days

Immediate

Ex haemorrh

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. W. Marley Jr.

Address

8 ymester

Accident or Suicide?

Halfway ^{arc} 2/8/07

Name
in
Full

Charles. Harsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Near Williamsport	
Married, Single or Widowed	Married	Occupation	Teacher			
Name of Wife or Husband	Anna K. Pittenger					
Father's Name	Andrew Harsh					
Mother's Maiden Name	Anna V. Buchanan					
Name of person giving Information	Mrs. Annie V. Harsh					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

Years

Immediate

Tuberculosis

How long

Years

Are the name, age, sex, color, date and place correctly given above?

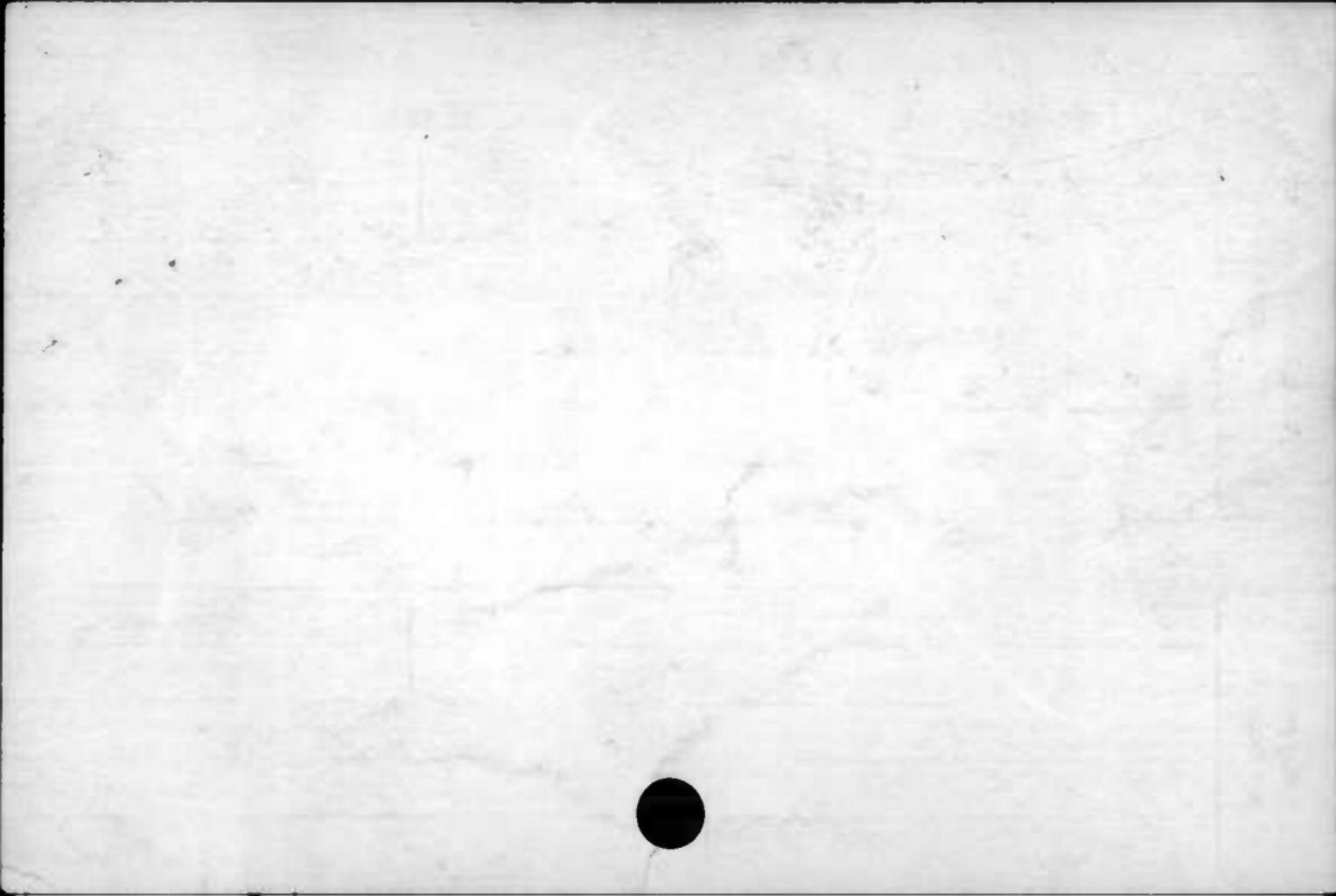
yes

Signature of Physician

Address

Chas. D. May Jr. M.D.
Hagerstown Md.

Accident or Suicide



Name
in
Full

Hezekiah W. Hursley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		2	10	70	7	17
Sex		Color or Race	white		Birth- place	
male					Md.	
Occupation		Where Residing if not at place of death				
Retired Harness Maker						
Married, Single or Widowed		Name of Wife or Husband	Catharine E. Hursley		Father's Birthplace	
married					Md	
Father's Name		James Hursley				
Mother's Maiden Name		Matilda Thomas				
Name of person giving Information		D. M. Hursley				
CAUSES OF DEATH						
Primary		General Debility				
Immediate		Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		yes				
Signature of Physician		AP Stauffer				
Address		Hagerstown Md.				

PHYSICIAN
OR CORONER

154

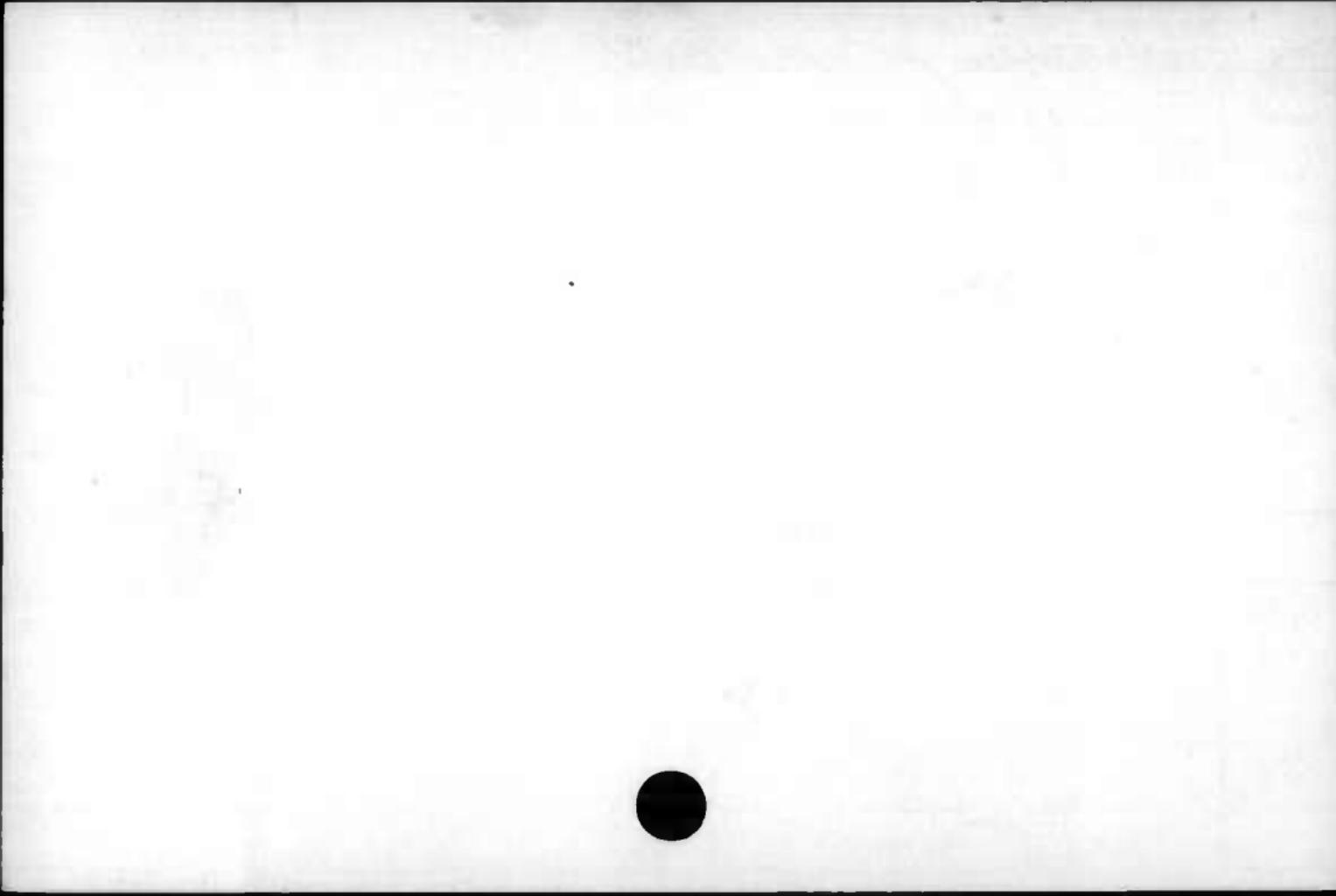
How long

3 weeks

How long

1 day

Accident or Suicide?



Name
in
Full

John Kriner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

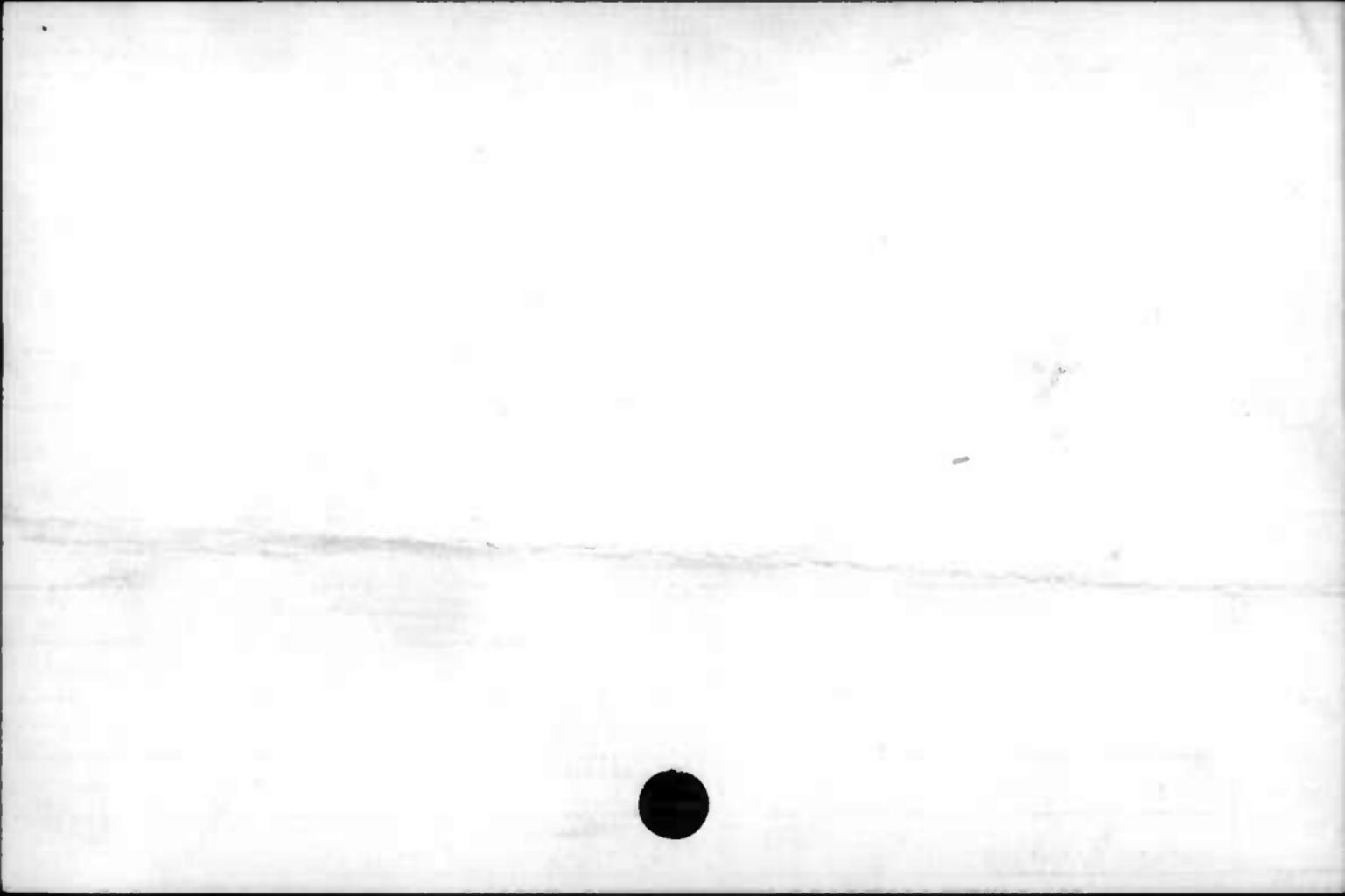
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	77	4	27
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife		Julian Kriner		
Father's Name	Husband		Michael Kriner		
Mother's Maiden Name	Anna Frick		Adams Co. Pa.		
Name of person giving information	Mrs Julian Kriner, wife				

108

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction		3 days -
Immediate	Exhaustion.		5 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. P. Wilson.
		Address	Leitersburg, Md.
Accident or Suicide?			



Name
in
Full

Frank Allen Leaf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST PERSON

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 16	Years	Months 3	Days 25	
Sex	Male	Color or Race	White	Birth-place	Williamsport		
Occupation	Child	Where Residing if not at place of death			Child		
Married, Single or Widowed	Child	Name of Wife or Husband	Child	Father's Birthplace	Williamsport, Pa		
Father's Name	Albert	T Leaf		Mother's Birthplace	Williamsport, Pa		
Mother's Maiden Name	Edith	or Kepes		How related to deceased	Uncle		
Name of person giving Information	Lewis	T Kepes					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Cerebro-Spinal Meningitis

How long symptoms since birth
How long

Immediate

Heavy cold followed by convulsions

36 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

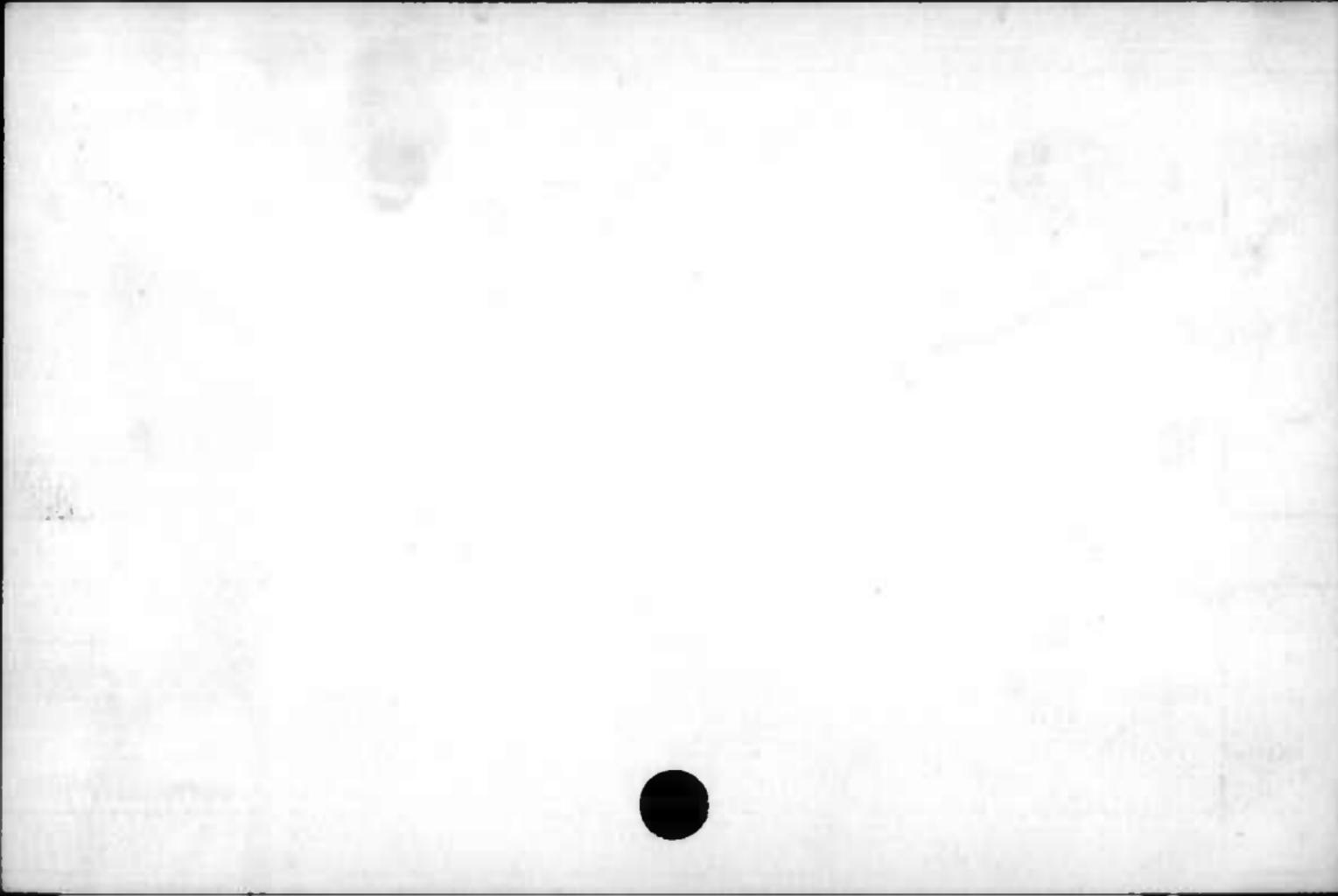
Signature of Physician

Dr. D.T. Lester

Address

Williamsport, Md

Accident or Suicide?



Name
in
Full

Malinda C. Leopp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Boose's Woods	Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months
Sex	Female	Color or Race	Age	39	Days
Occupation	House - wife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	George Leopp.		
Father's Name	John Leopp	Father's Birthplace	Ed. Co.		
Mother's Maiden Name	Suzanna Society	Mother's Birthplace	Ed. Co.		
Name of person giving information	William Leopp	How related to deceased	Son		

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary

Cancer (Mammary)

1 year

Immediate

Chocation, Debility

How long

2 months.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

J. Hubert Wade, M.D.

Boose's Woods.

Maryland.

Accident or Suicide?

No



Name of Child

Certificate of Birth

Sarah - SARAH. ANN Lindsay

Town

County

Born at MARYLAND

7 1907 March 10 Day White Male Living Number of Child: 1st 2nd 3rd
Colored Female Stillborn 4th 5th 6th 7th 8th 9th

Date 190

Father's Name in Full

Age 28

Occupation

Mother's

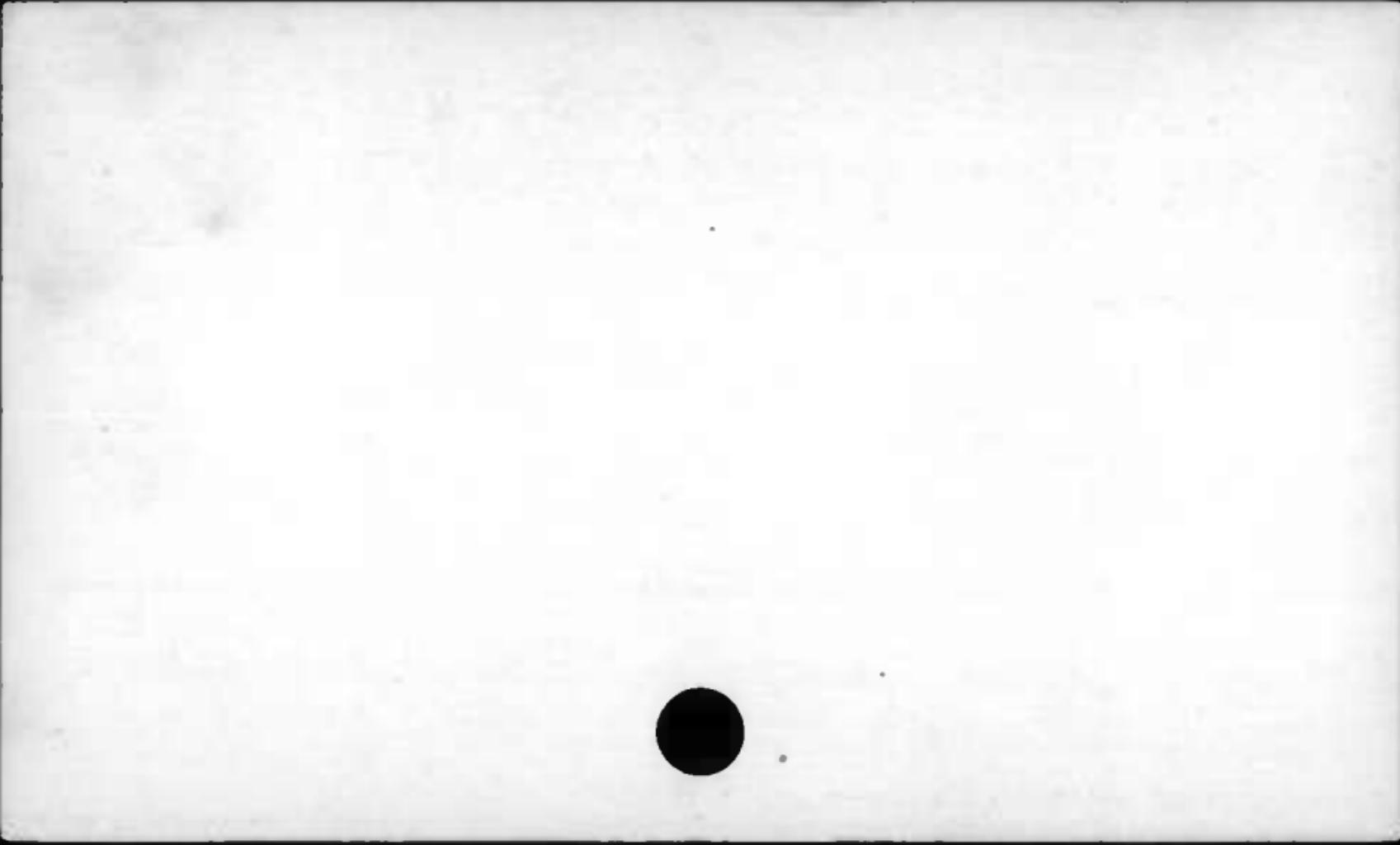
Maiden Name

Occupation

Reported by

Address

If child is not named, send name as early as possible.



Name
in
Full

Susan Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		1907	Month	2	Day	21
Age		74	Years	Months		9
Sex	Female	Color or Race	White	Birth-place		Roxburyville
Occupation		Where Residing if not at place of death		Chestertown Md.		
Married, Single or Widowed		Name of Wife or Husband		Susan Little		
Father's Name		David Lefever		Father's Birthplace		Pa.
Mother's Maiden Name		Barbra Zimmerman		Mother's Birthplace		Pen. man
Name of person giving information		Mrs Penny Leibman		How related to deceased		Daughter

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis

How long

10 years

Immediate

Heart Failure

Instant

Are the name, age, sex, color, date and place correctly given above?

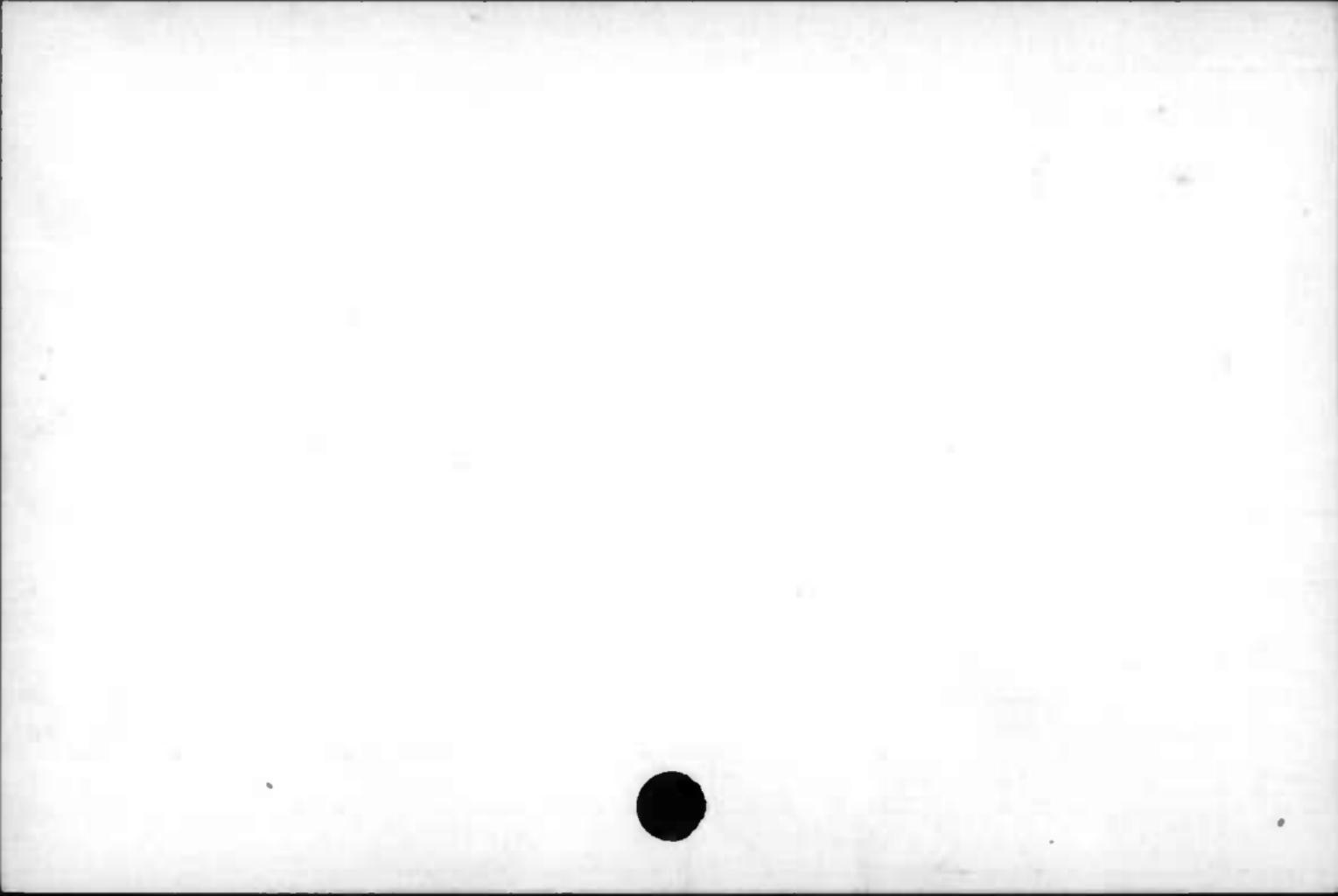
Yes

Signature of Physician

Address

Dr M D Klawer
Smithsburg Md.

Accident or Suicide?



Name
in
Full

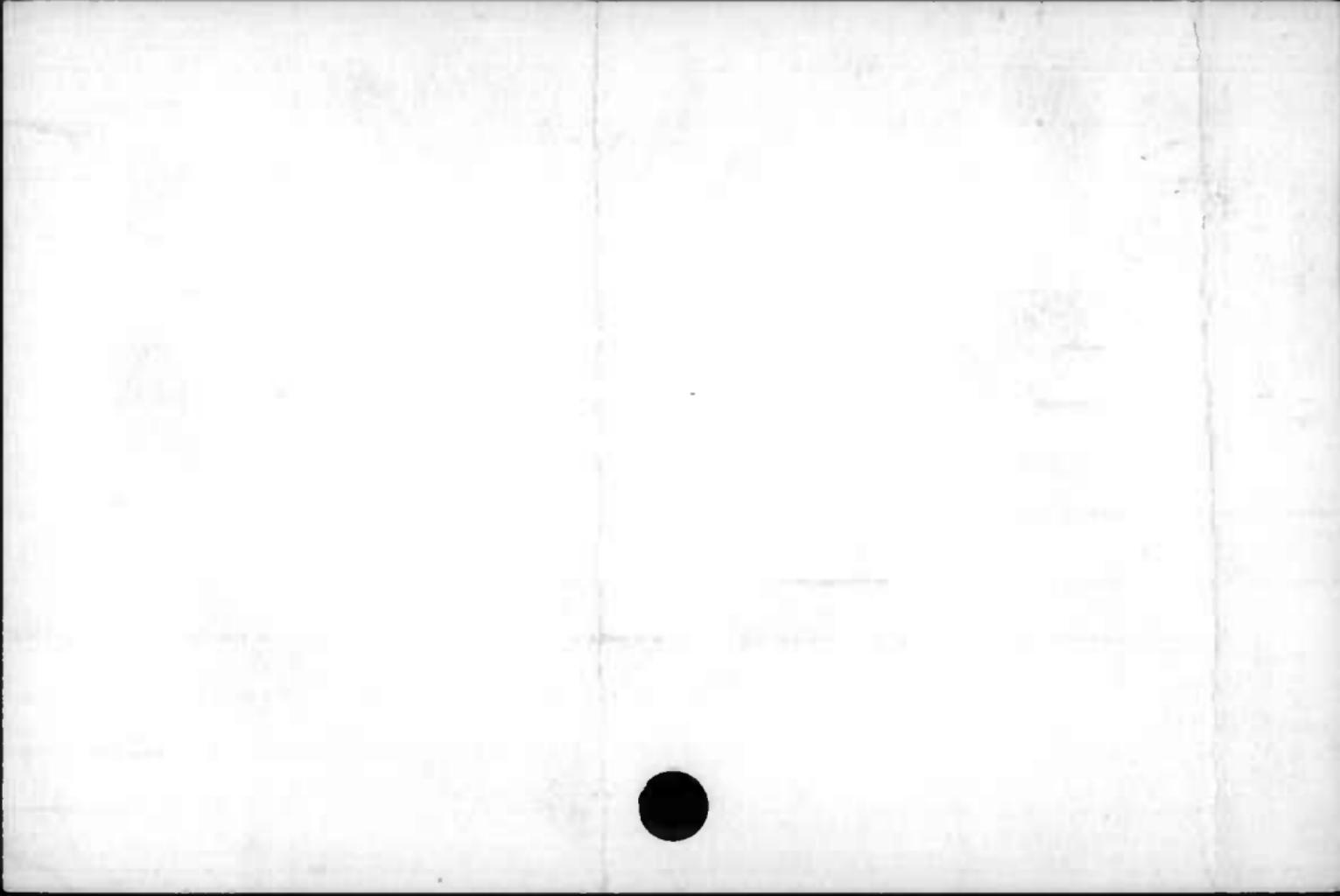
Edward S. Main

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Brownsville	Washington	Months	Days
Date of death	1903	Month	2	Day
		Age	Years	21
Sex	Male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Jasper Main			
Mother's Maiden Name	Emma Brown			
Name of person giving Information	George W. Fouch			
CAUSES OF DEATH				
Primary	Convulsions (71)			How long
Immediate				2 days
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician
				Address
Accident or Suicide?	G. W. Fouch, Brownsville Md.			

PHYSICIAN
OR CORONER



Name
in
Full

Cephalus Marsh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Hancocks</u>		Town <u>Washington</u>	County <u>Washington</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>26</u>	Age <u>67</u>	Years <u>4</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Wash. C. Md</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Died at Home</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Priscilla Lee (Marsh)</u>					
Father's Name <u>James Marsh</u>	Father's Birthplace <u>Wash. C. Md</u>					
Mother's Maiden Name <u>Liza Boga (Marsh)</u>	Mother's Birthplace <u>" " "</u>					
Name of person giving Information <u>H. B. Searolt</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

79

How long

Immediate

How long 1 yr,

Are the name, age, sex, color, date and place correctly given above?

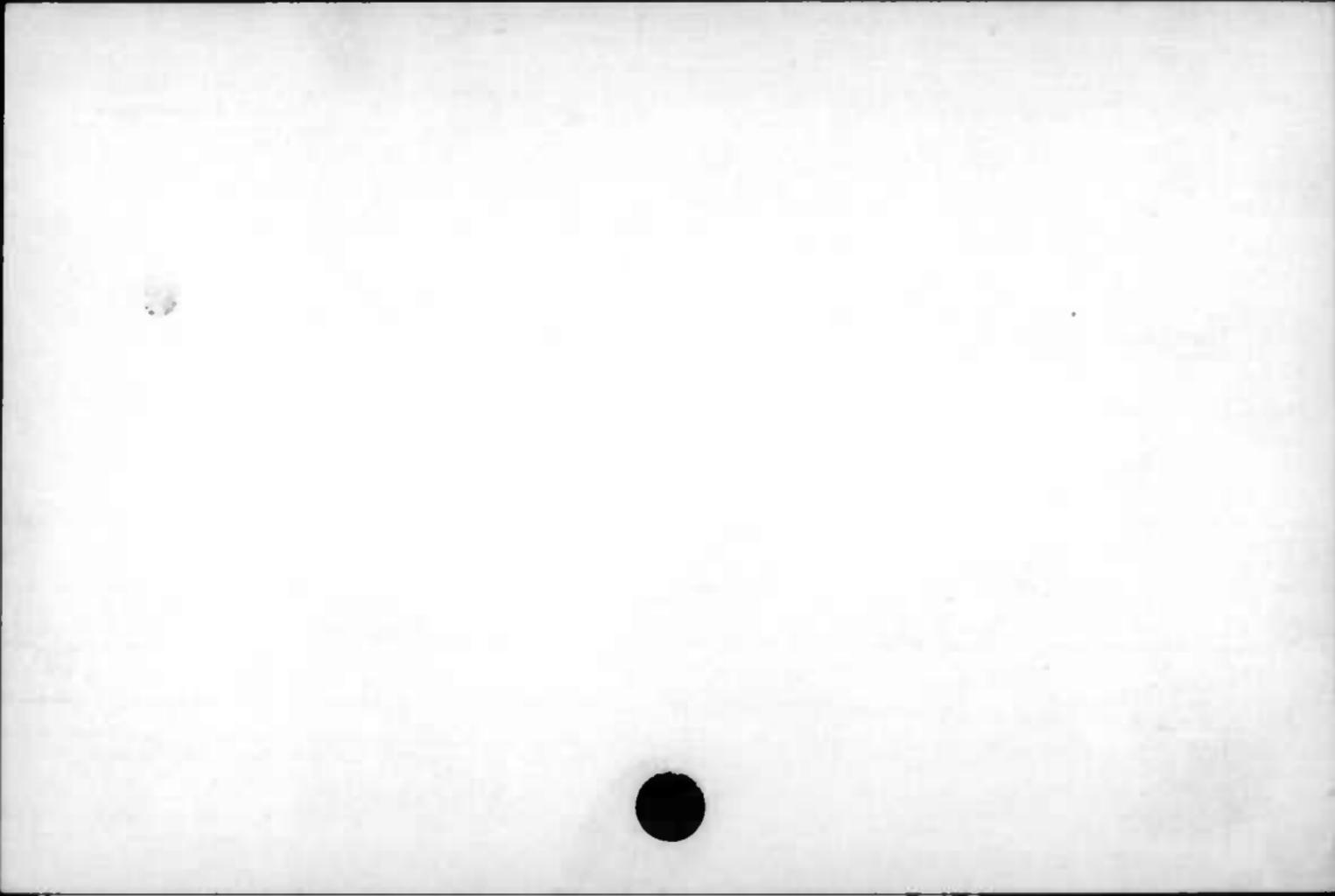
Signature of Physician

Address

J. H. Hayes

Hancock, Md.

Accident or Suicide?



Name
in
Full

David Martin

CERTIFICATE OF DEATH

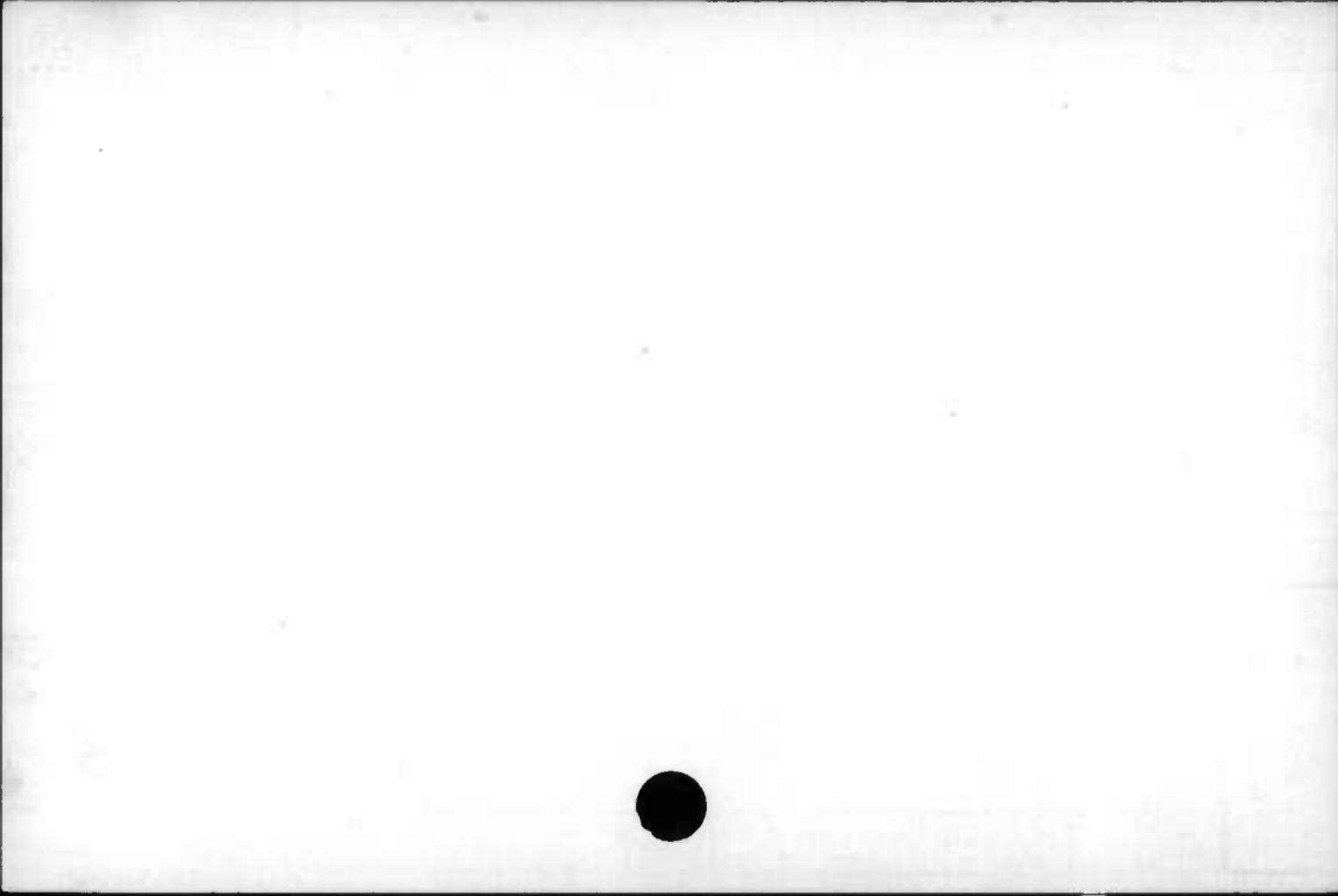
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Mooresville	Wash				
Date of death	Month	Day	Age	Years	Months Days	
1907	Feb	23	76			
Sex	Color or Race	Birth-place				
Male	White	Ebensburg				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Isabell House				
Father's Name	John Martin					Md.
Mother's Maiden Name	Loritta Livers					"
Name of person giving information	James Brauner					None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	(10)	How long	2 Weeks -
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. T. Mason, M.D.	
		Address	Clearspring Md.	
Accident or Suicide?				



Name
in
Full

Leahie Marty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Bertha Marty			
Father's Name	Bertha Marty				
Mother's Maiden Name	Maunie Hough				
Name of person giving Information	Bertha Marty				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pneumonia

93

How long
6 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

J. E. Patwogle
Hagerstown
Md.

Accident or Suicide?

no

A. K. Oppenheimer
determined in Board Room

1/6/07

Name
in
Full

John W. Moats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 11	Years 73	Months 1	Days 9	
Sex	Male	Color or Race	White		Birth-place	Tilghmanton Md.	
Occupation	Retired	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband					
Father's Name	Samuel Moats			Father's Birthplace	Tilghmanton Md.		
Mother's Maiden Name	Sarah Dwyer			Mother's Birthplace	Sharpsburg Md.		
Name of person giving information	John W. Moats			How related to deceased	Son		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senile Dementia

3 yrs

Immediate Sudden cardiac Paralysis

10 minutes

Are the name, age, sex, color, date and place correctly given above?

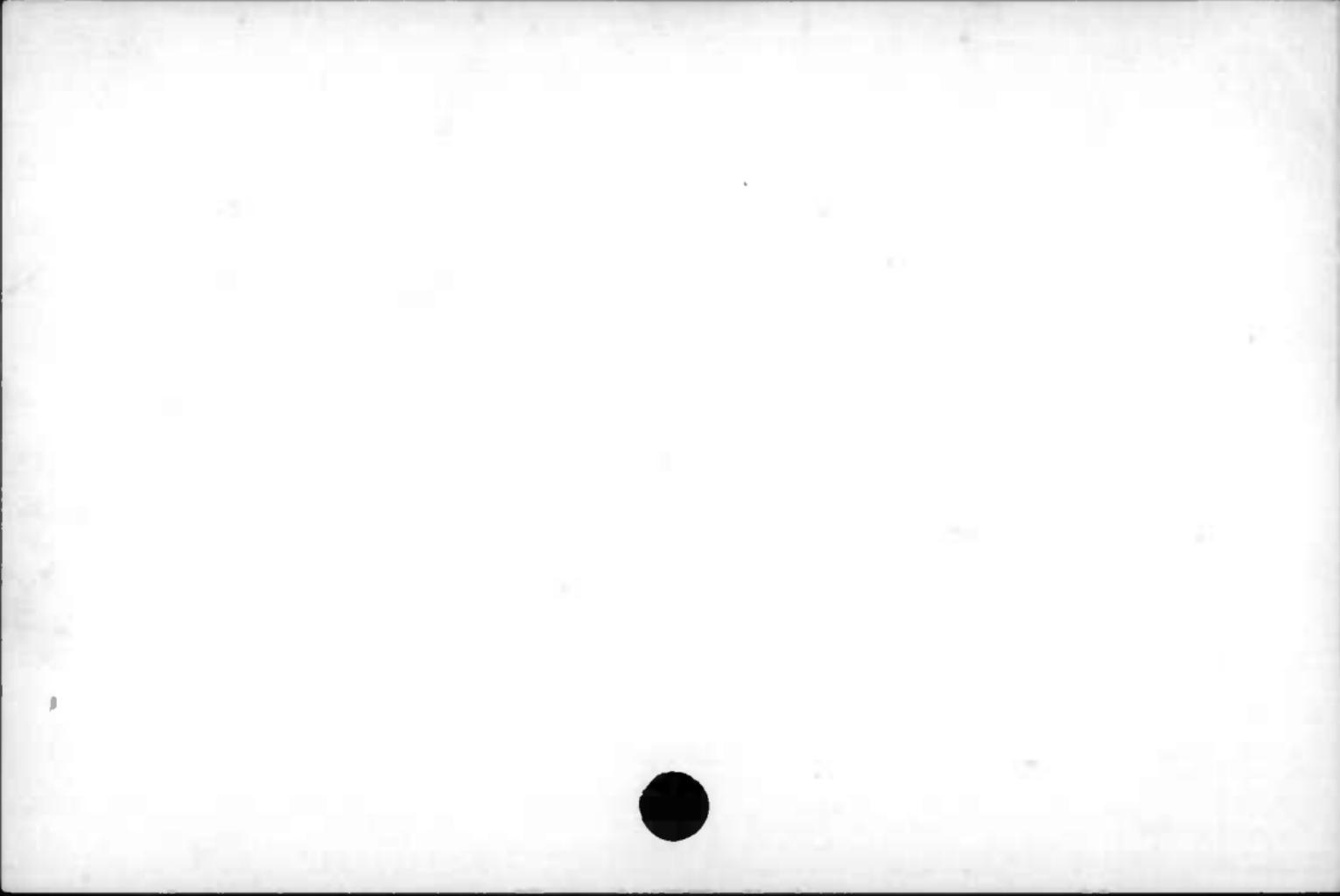
Signature of Physician

Yes

Address

J. M. Reichard

Accident or Suicide



Name
in
Full

E. W. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race	Age		Birth-place	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	Mary E. (Hoffmire) Moore			
Father's Name		Father's Birthplace				Unknown
Mother's Maiden Name		Mother's Birthplace				"
Name of person giving Information		How related to deceased				Brother-in-Law

~~Primary Chronic Rheumatism~~ 10

~~Immediate Gip. Pneumonia~~

How long About 3 yrs

How long 6 days

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Mo Arthur, undertaker,
Harpers Ferry,
W. Va.

Name
in
Full

Elizabeth Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 8	Years 81	Months 4	Days 8	
Sex	Female	Color or Race	Beloved		Birth-place	md	
Occupation	House Work		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Edward Nelson		Father's Birthplace	va	
Father's Name	John Baumer		/		Mother's Birthplace	va	
Mother's Maiden Name	Lucy Kenny		/		How related to deceased	Husband	
Name of person giving Information	Edward Nelson		/				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pelvic Carcinoma

45

How long

1 1/2 year

Immediate

Exhaustion

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

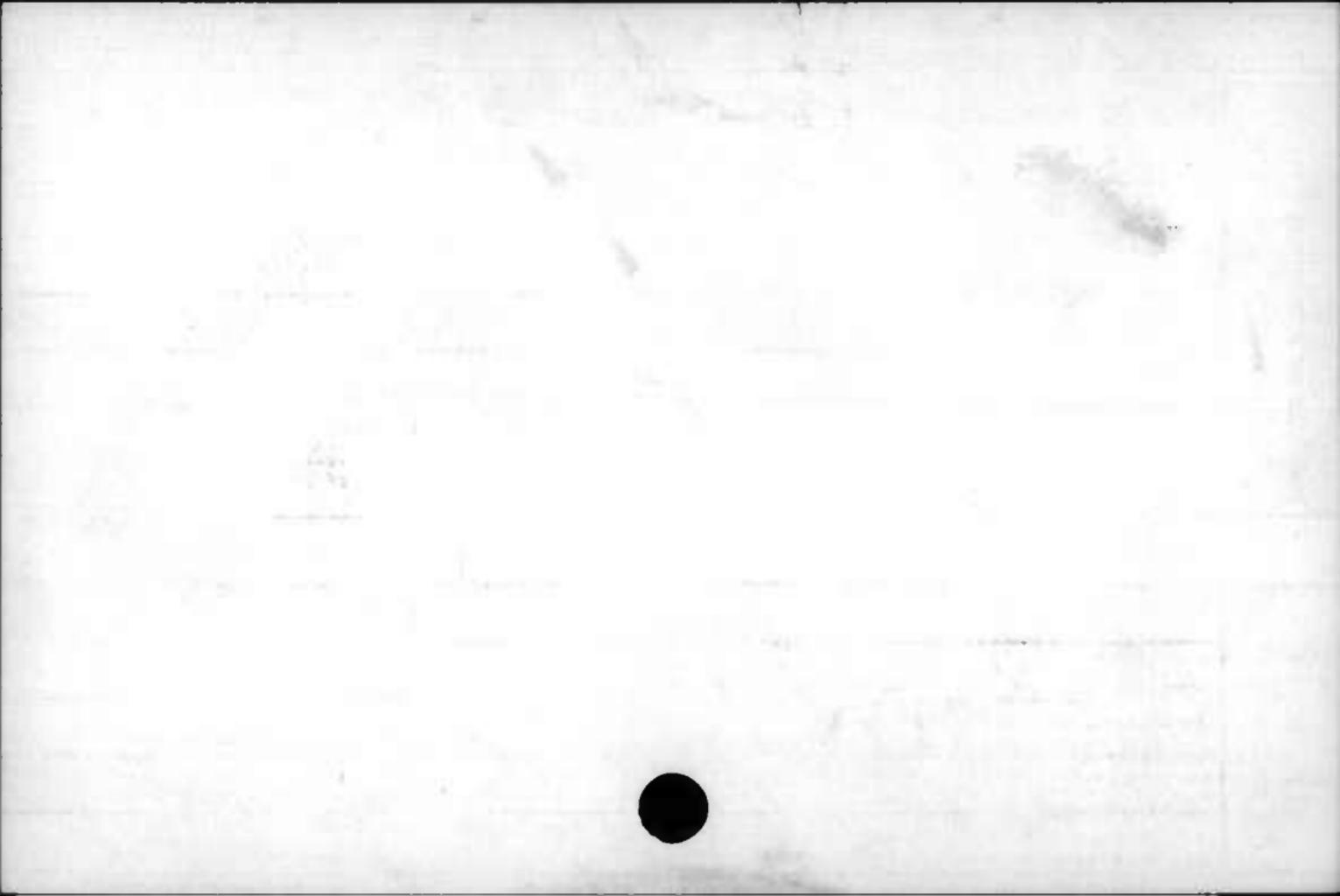
yes

Signature of Physician

Address

SM. M. Agaman,
Hagrosvold
Ave.

Accident or Suicide?



Name
in
Full

James R. Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at near Belle Grove, Washington, D.C.		County Washington, D.C.		MARYLAND		
Date of death 1907	Month Feb.	Day 28	Years Age 51	Months 7	Days 12	
Sex Male	Color or Race White			Birth- place Washington, D.C.		
Occupation Farmer.	Where Residing if not at place of death died at home.					
Married, Single or Widowed Married	Name of Wife or Husband Maria Morris			Father's Name John W. Morris	Father's Birthplace Washington, D.C.	
Mother's Maiden Name Elizabeth M. Gemini					Mother's Birthplace Allegheny, Pa.	
Name of person giving Information J.W. Morris					How related to deceased Brother.	
Dr. M. C. Gibbons	CAUSES OF DEATH					

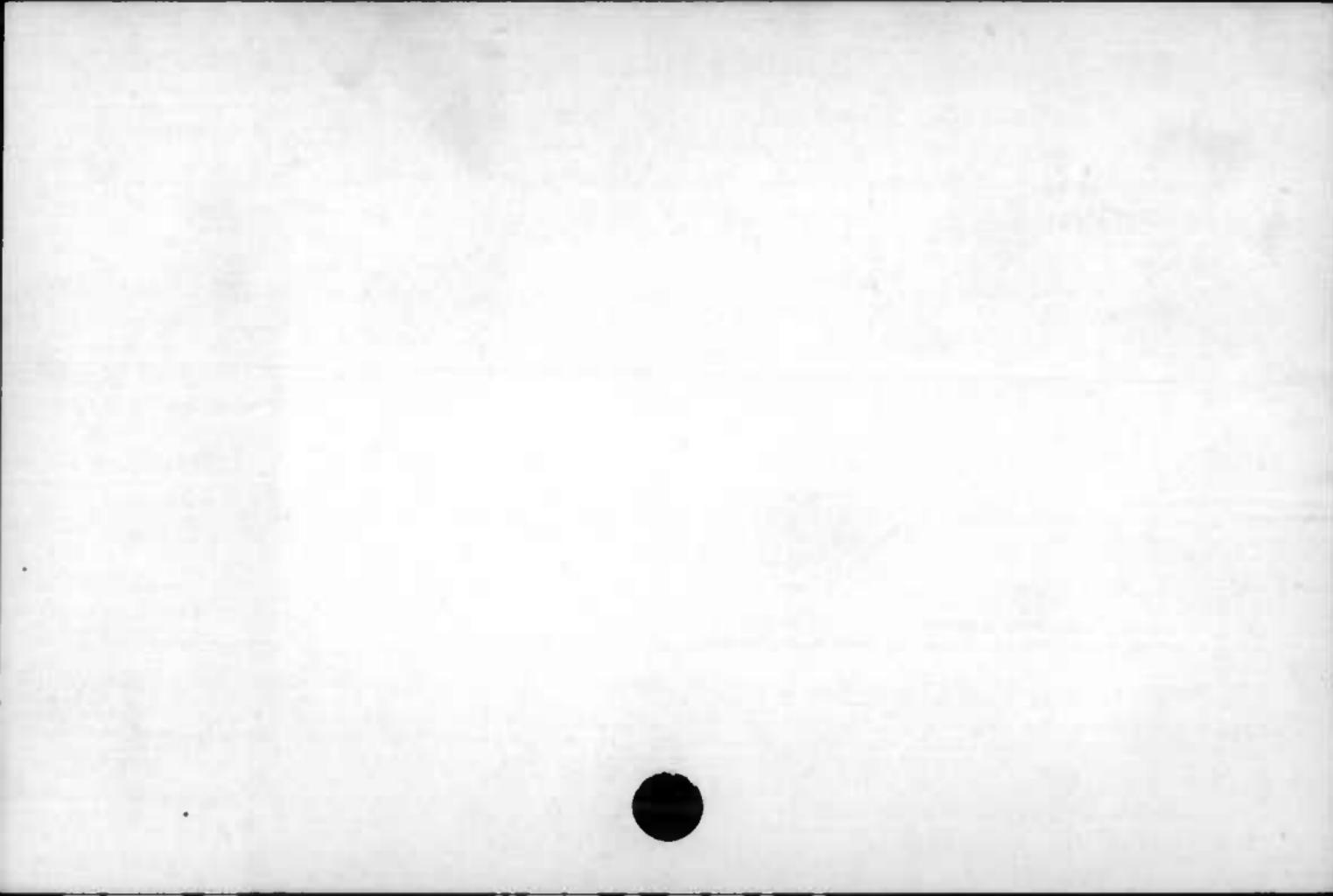
Primary Atrophic Arrosion	(10)	How long Six months
Immediate La Grippe		How long Eight days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. M. McKibbin, B.S.M.D.
Address
Buck Valley
Pa

Accident or Suicide?



Name
in
Full

Abbie Howell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town			County <u>Washington</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>13</u>	Age <u>37</u>	Years <u>37</u>	Months <u>2</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Ind</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James P. Howell</u>	Father's Name <u>John Chase</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>unknown</u>		How related to deceased		
Name of person giving Information <u>James P. Howell</u>	Husband						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Phtisis Pulmonalis</u>	How long <u>2 yrs</u>
Immediate <u>Extravasation</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	<u>Dr. J. W. Morrison</u>
Address	<u>Hagerstown</u>
Accident or Suicide?	<u>Ind</u>

Walterspit

Copper

Name
in
Full

Oliver Peacher

CERTIFICATE OF DEATH

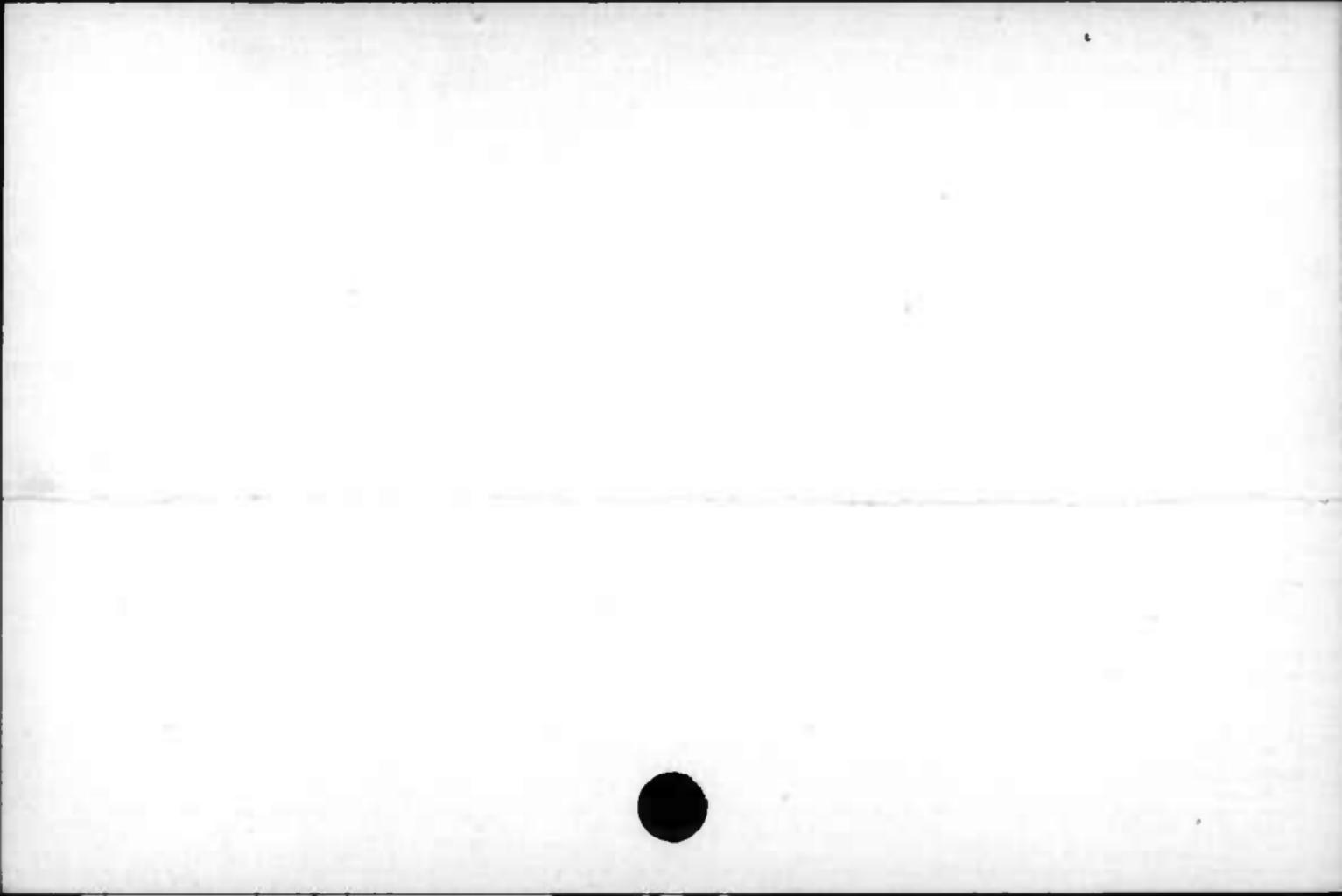
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Keeklyte	Washington		10	22	Days
Date of death	Month	Day	Years	Months	Days
1907	2	28	Age 68		
Sex	male	Color or Race	white	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Carpenter	Keeklyte, Md				
Married, Single or Widowed	Name of Wife Husband	Katie L. Peacher			
Father's Name	John Peacher	Father's Birthplace	Md		
Mother's Maiden Name	Front Knob	Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN OR CORONER	Primary	Heart Disease	How long	one year
	Immediate	Congestion of Lungs	How long	two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B B Ranson M.D.	
		Address	Harpers Ferry, W. Va.	
Accident or Suicide				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Pendleton				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1907	Month 7/11	Day 17	Years 76	Months 1	Days 8
Sex	Female	Color or Race	Blonde	Birth-place	Wash Co., Md	
Occupation	Housework			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Warren Pendleton			
Father's Name	John Brown			Father's Birthplace	Wash. Co.	
Mother's Maiden Name	Caroline Young.			Mother's Birthplace	Wash Co.	
Name of person giving information	James Burrell			How related to deceased	Son-in-law	

CAUSES OF DEATH

Primary

Old age

93

How long

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

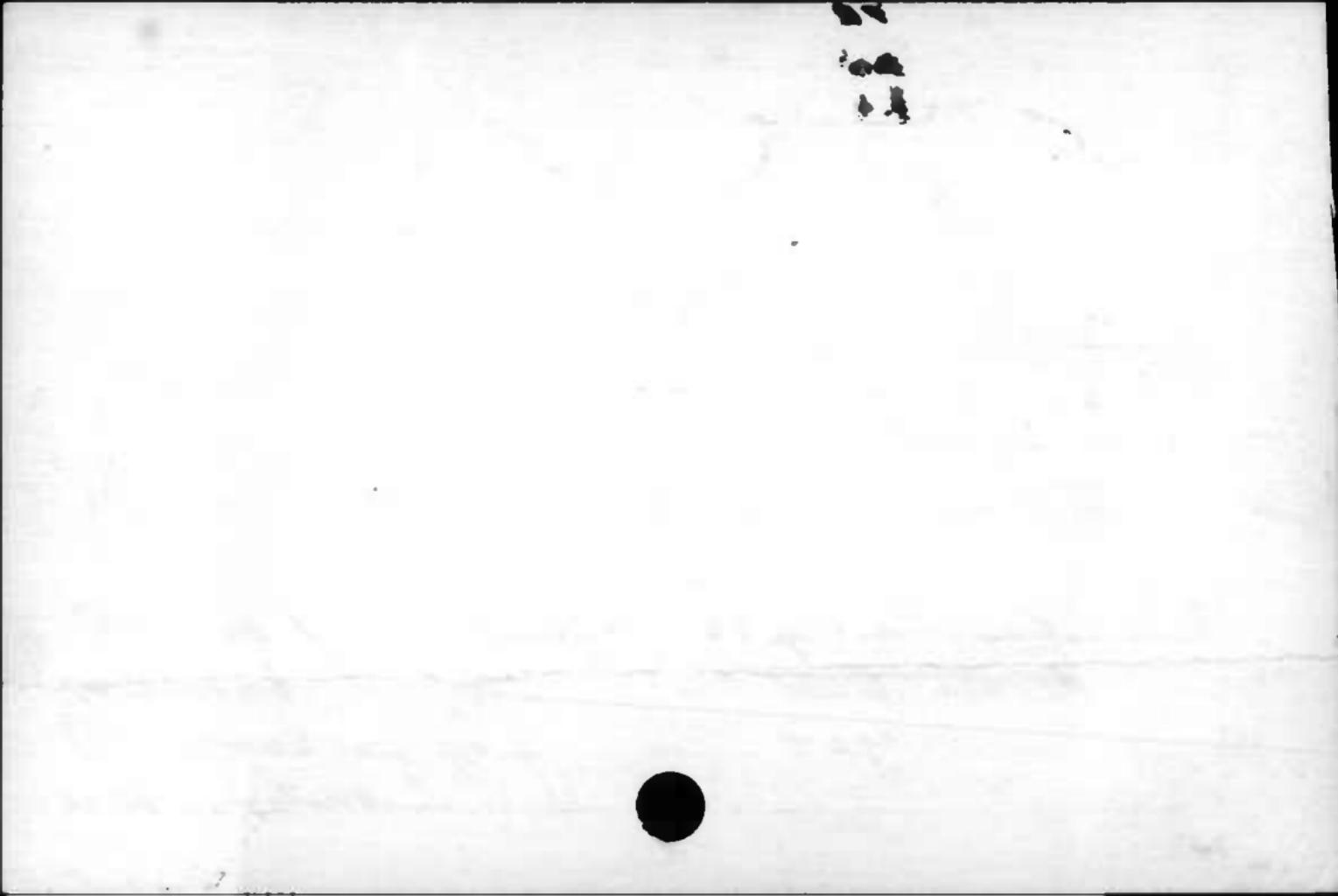
Signature of Physician

F. M. Phillips

Address

Harper Ferry
West Va.

Accident or Suicide?



Name
in
Full

Geo Andrew Reynolds

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

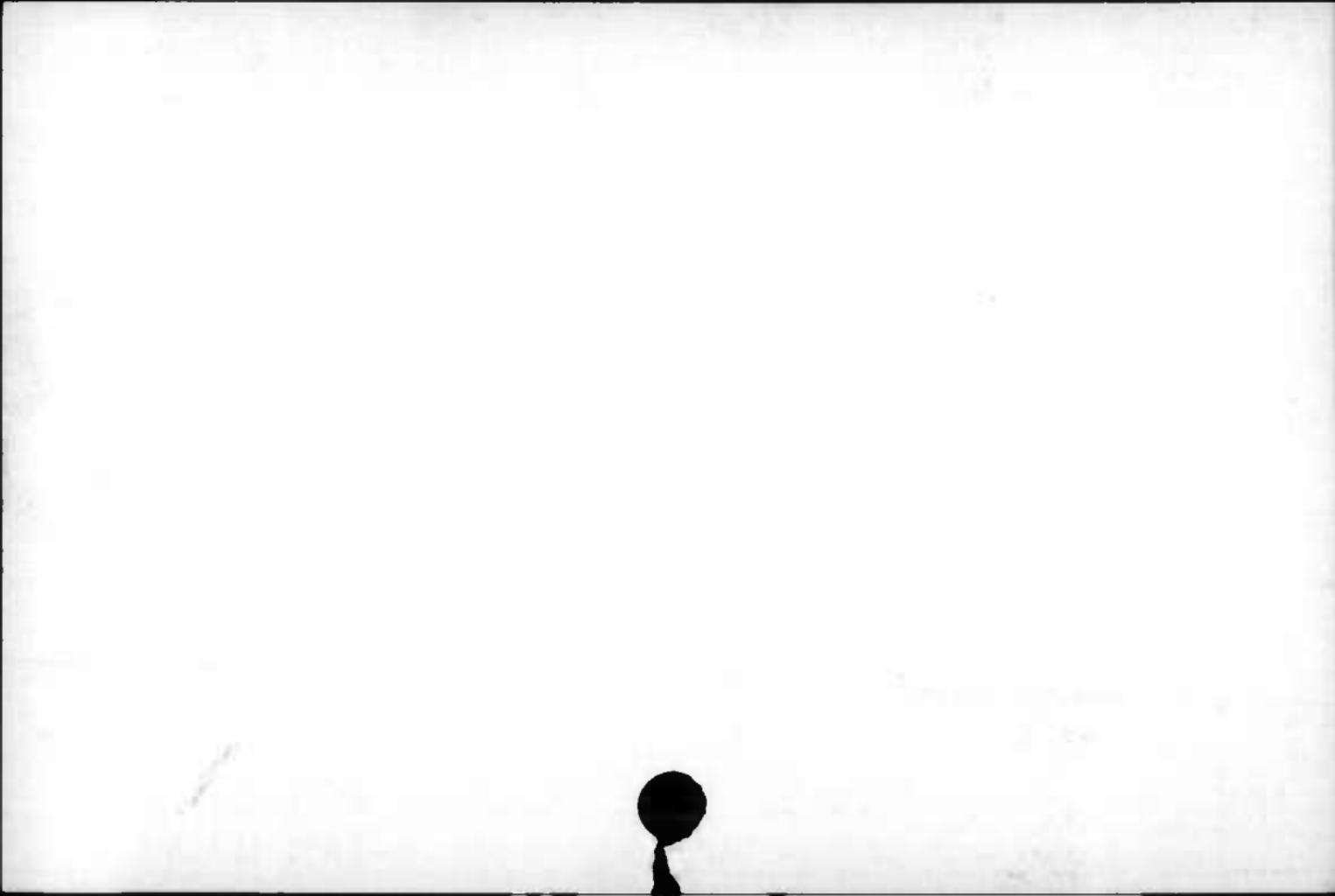
Died at	Town	County	MARYLAND		
Date of death 190	Month 8	Day 24	Age 75-	Years	Months Days
Sex Male	Color or Race White	Birth-place Wash. D. C.			
Occupation Farming	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Geo Andrew Reynolds			
Father's Name	Samuel Reynolds	Father's Birthplace	Wash. D. C.		
Mother's Maiden Name	Elizabeth Baker	Mother's Birthplace	" "		
Name of person giving Information	Manda Reynolds	How related to deceased	Daughter		
CAUSES OF DEATH					
Primary	Degeneration old Age & weak Heart			How long 1 month	
Immediate	Heart Failure			How long 18 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Z. Durbin		
		Address	Summertime Md		

154

PHYSICIAN
OR CORONER

Yes

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Mrs. Harriet E. Rother

Town

Died at

Rohersville

County

Washington

MARYLAND

Date
of death

1907

Month

2

Day

3

Years

87

Months

—

Days

13

Age

87

Sex

Female

Color or
Race

white

Birth-
place

Rohersville

Occupation

Housewife.

Where Residing if not
at place of death

Married, Single
or Widowed

Name of
Husband

Frederick Rother. deceased

Father's
Name

John Rother.

Father's
Birthplace

Rohersville

Mother's
Maiden Name

Elizabeth Replinger.

Mother's
Birthplace

Don't know.

Name of person giving
Information

Mrs. M. Baker.

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

old age

10

How long

3 days.

Immediate

griffs

5 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

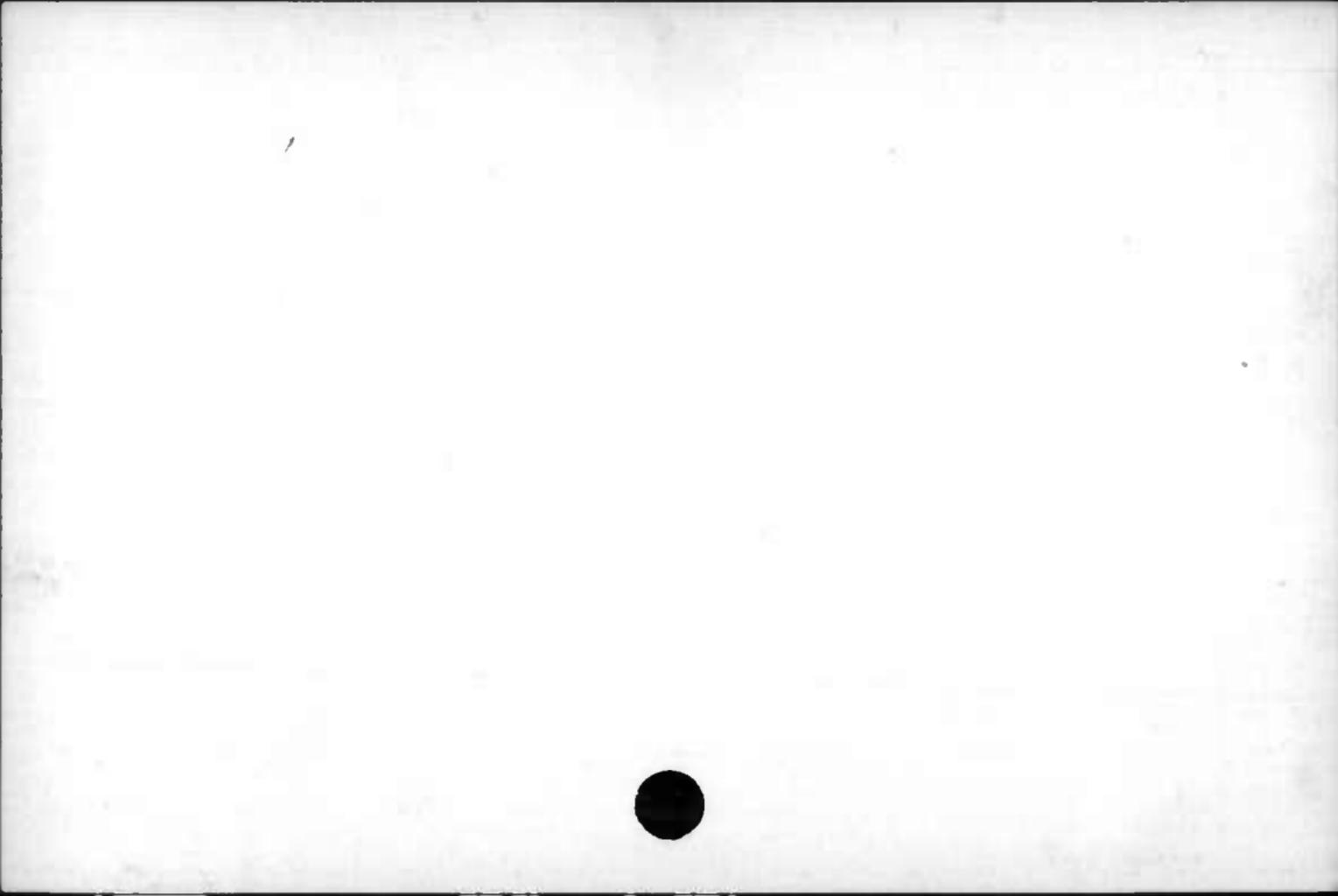
Signature of
Physician

E. D. Baker

Address

Rohersville
Maryland

Accident or Suicide?



Name
in
Full

Mary Anne Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Wash	County	State	MARYLAND
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	86	Birth-place	Bethesda
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Rowe			
Father's Name	Farrie Liggett	Don't Know			
Mother's Maiden Name	Mrs Eastward	Baltimore			
Name of person giving Information	Samuel Rowe	Son			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary
Old Age, Tuberculosis

10 years

Immediate
Gripe

19 days

Are the name, age, sex, color, date
and place correctly given above?

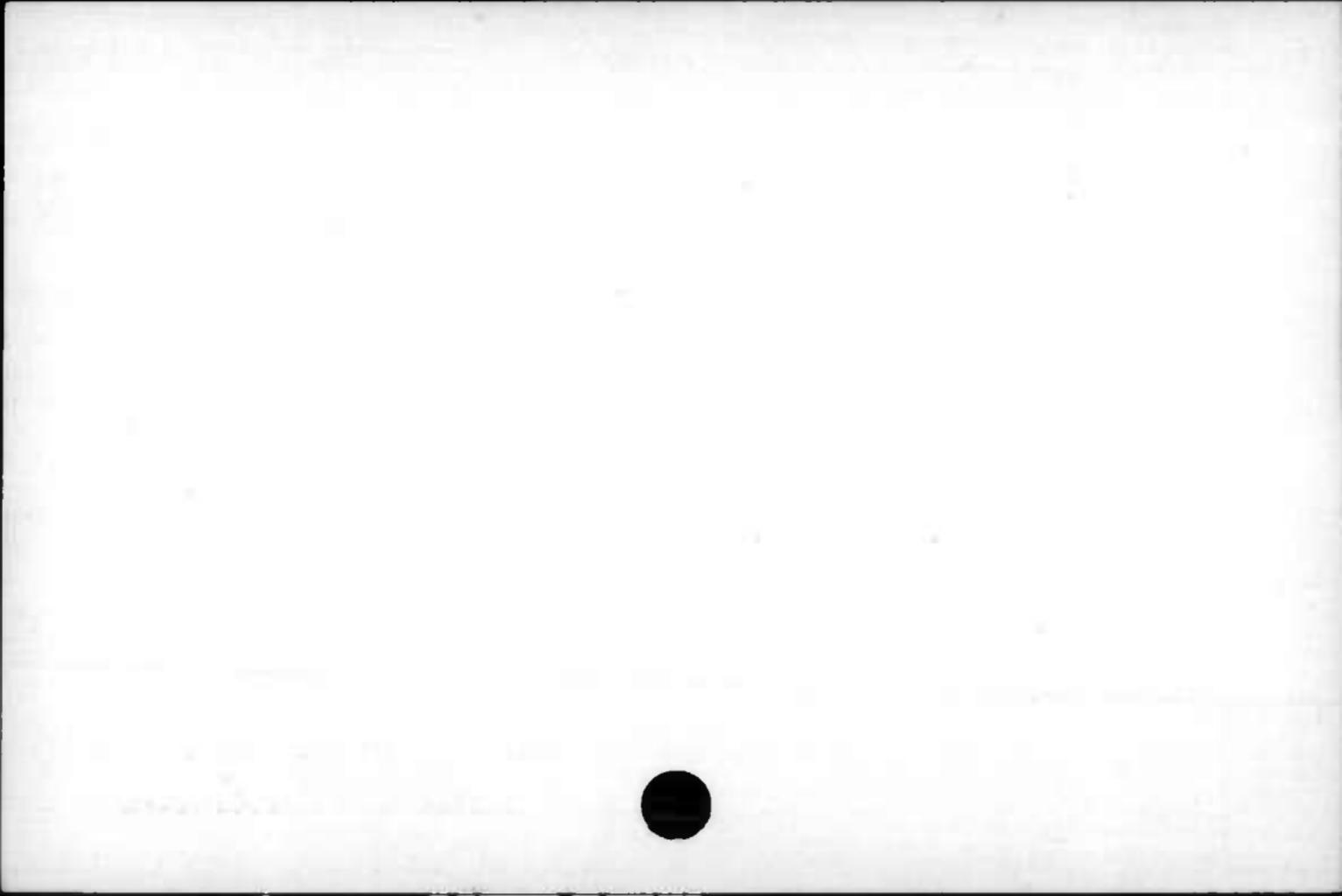
Yes

Signature of
Physician

Address

H. M. Piliser
Hedgesville
Md

Accident or Suicide?



Name
in
Full

Unnamed Child of Lewis & Mary Schmidt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	white	Birth-place	Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	single				
Father's Name	Lewis Schmidt					Father's Birthplace
Mother's Maiden Name	Mary Schmidt					Mother's Birthplace
Name of person giving Information	Lewis Schmidt					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

(151)

How long

Immediate

Inanition

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

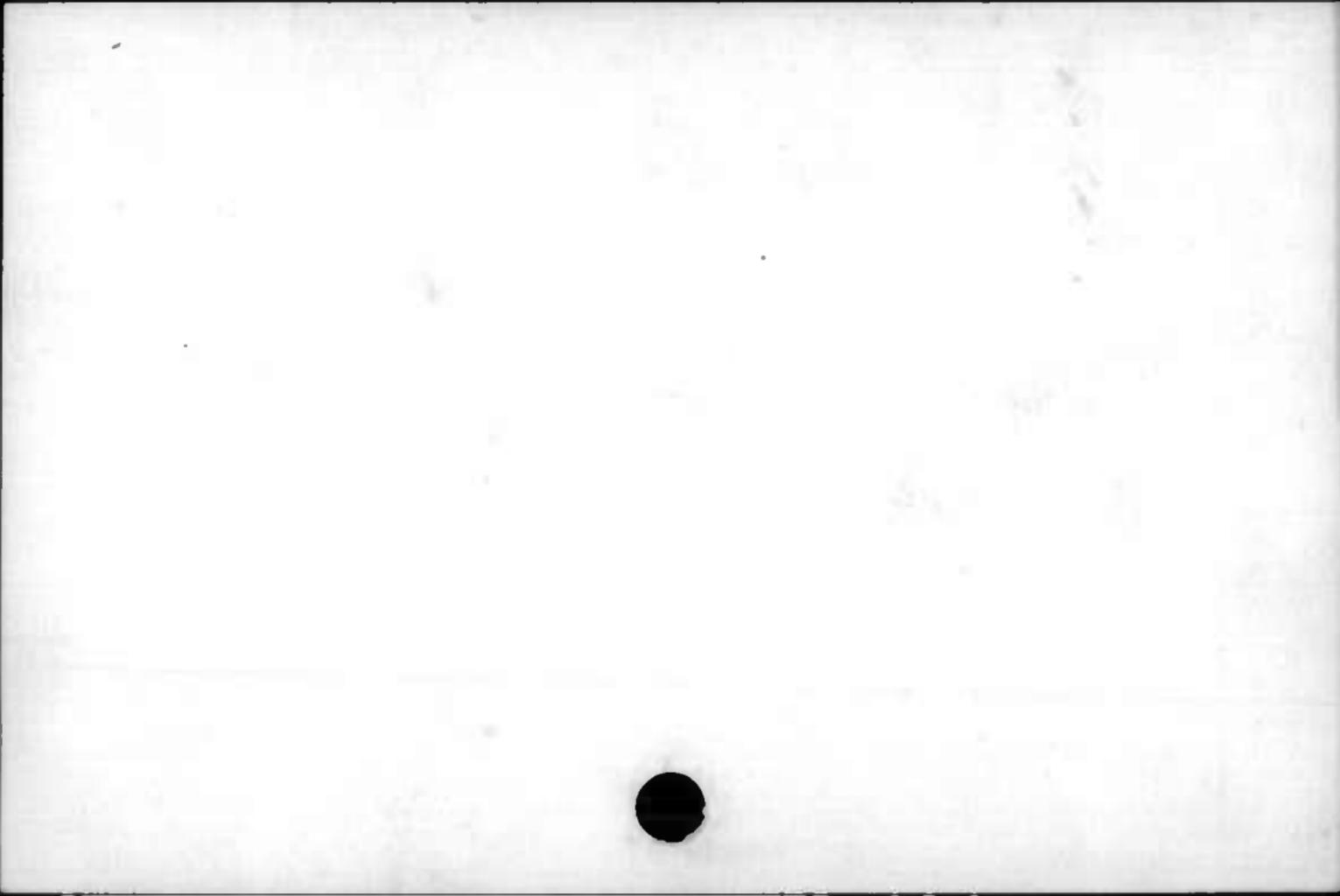
Yes.

Signature of Physician

Address

M. J. Laughlin M.D.
Hagerstown

Accident or Suicide



Name
in
Full

Lewis R Shannenberg er

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND					
Date of death	1907	Month	7th	Day	19	Years	60	Months	17	Days
Sex	Male		Color or Race	White -		Birth-place	Wash Co			
Occupation	Fruit Grower		Where Residing if not at place of death	Boonsboro						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Fox		Father's Birthplace	Hinkston Pa				
Father's Name	Jacob Shannenberg				Mother's Birthplace	Washington Co				
Mother's Maiden Name	Sophia French				How related to deceased	Wife				
Name of person giving Information	Mary Shannenberg									

CAUSES OF DEATH

Primary	La Grippe	(10)	How long	One month
Immediate	Baryngal Tuber colosis		How long	Two months

PHYSICIAN
OR CORONER

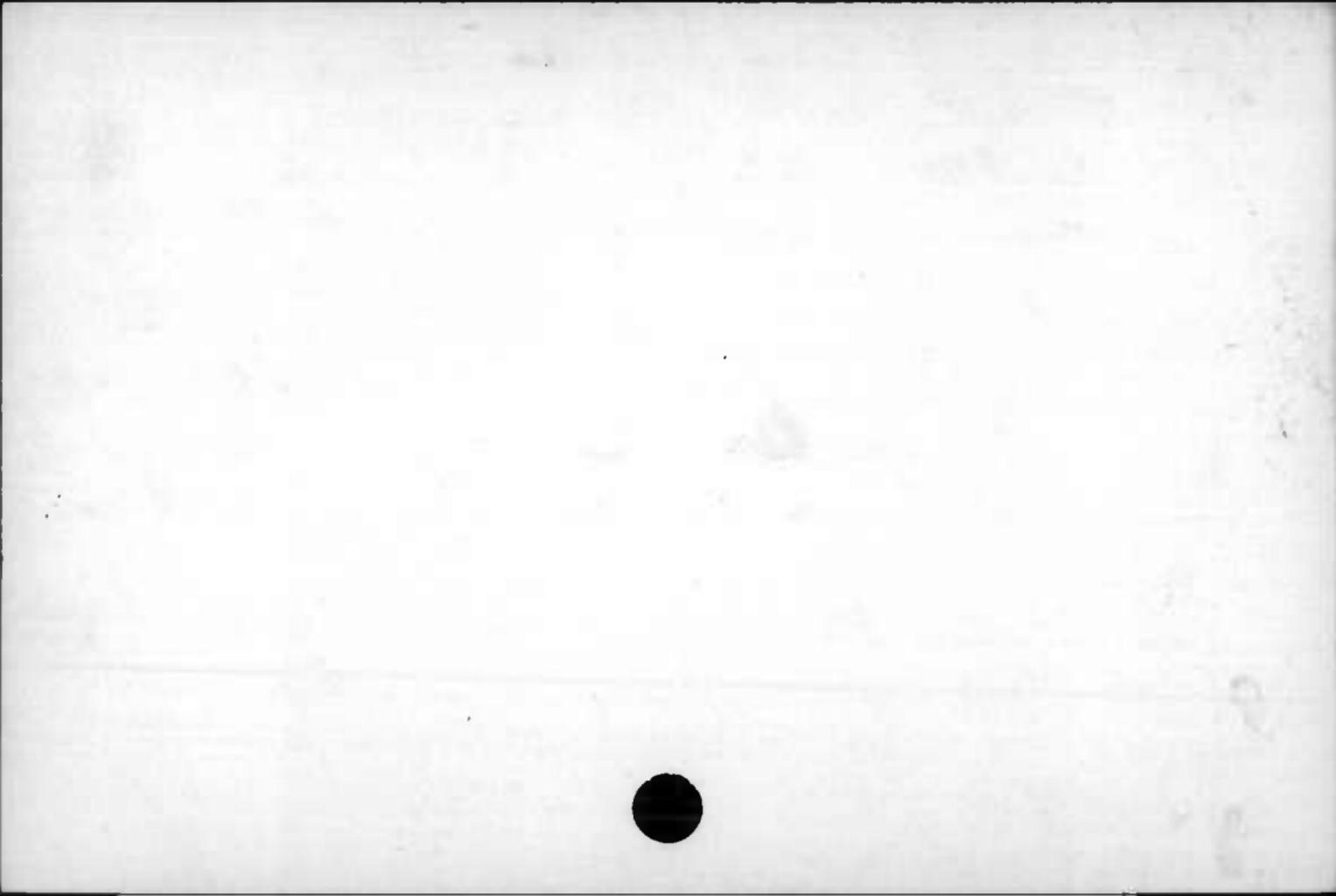
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Davis
Boonsboro
Md

Accident or Suicide?



Name
in
Full

James William Sharer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Feb	Day 23.	Years	Months 2	Days 8	
Sex	boy	Color or Race	white	Birth-place	Williamsport		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	William Sharer			Father's Birthplace	St James College		
Mother's Maiden Name	Sarah Gough			Mother's Birthplace	Clear Spring		
Name of person giving Information	William Sharer			How related to deceased	father		

CAUSES OF DEATH

Primary

Valvular Heart Trouble

(79)

How long

Since Birth

Immediate

Heart Failure

How long

Sudden.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes.

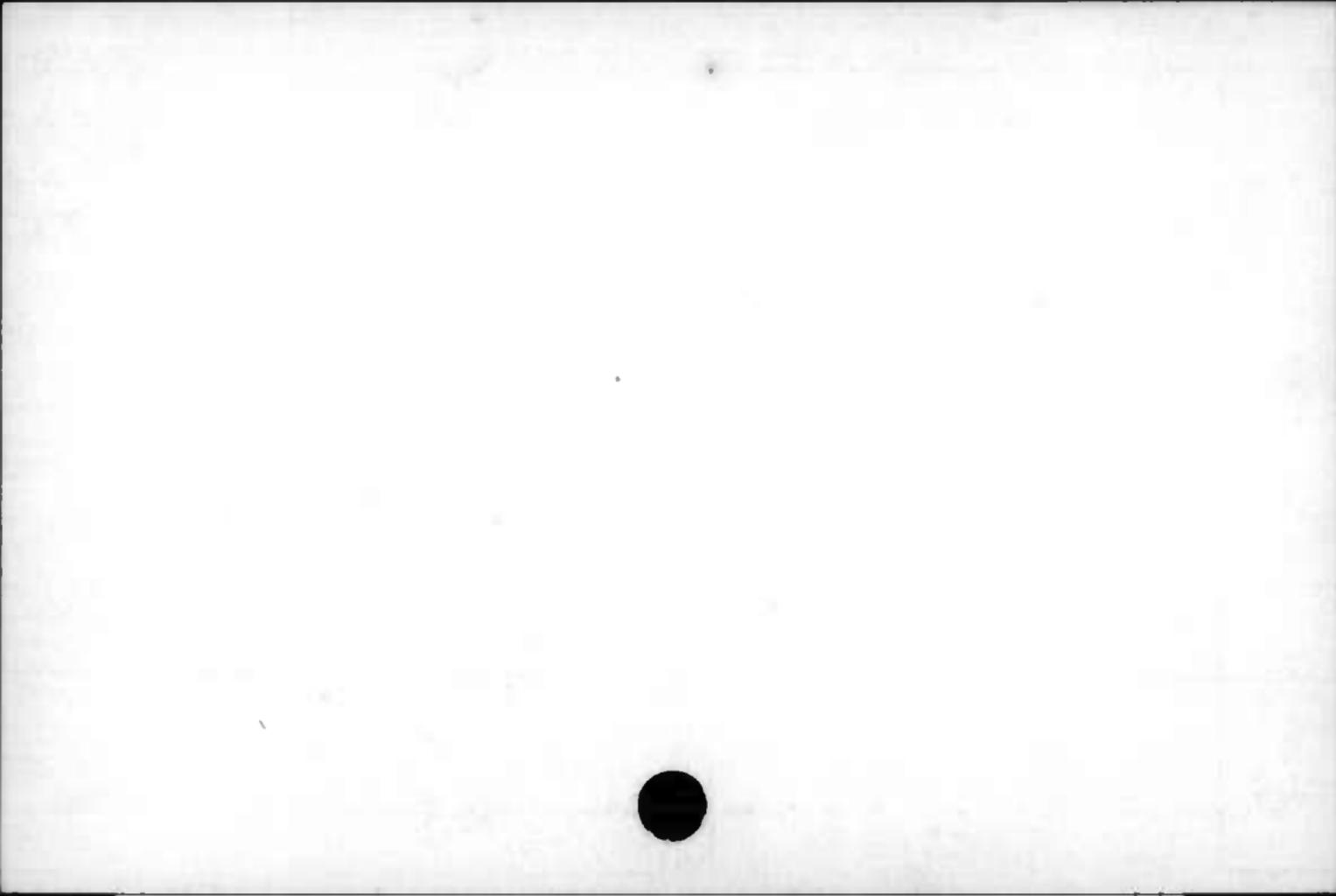
Signature of Physician

Dr Richardson

Address

Williamsport Md

Accident or Suicide



Name
in
Full

Mary M. Swope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 2	Day 14	Years 32	Months —	Days —
Sex Female	Color or Race White	Birth-place Md			
Occupation Housework	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Walter M. Swope				
Father's Name Edward Green	Father's Birthplace Md				
Mother's Maiden Name Isabel Kluge	Mother's Birthplace Md				
Name of person giving Information	Walter Swope	How related to deceased Husband			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

About 15 mos.

Immediate

Exhaustion

7 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. R. Dugan, M.D.
Hagerstown, Md

Accident or Suicide?

Palmer Lake

Opposite

Wetland

Wet

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town			County <u>Washington</u>			MARYLAND	
Died at	Month	Day,	Age	Years	Months	Days	
Date of death <u>1903</u>	<u>8</u>	<u>9</u>	<u>27</u>		<u>0</u>	<u>0</u>	
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Pa</u>					
Occupation <u>Laborer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>unknown.</u>	Father's Birthplace <u>unknown</u>						
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>						
Name of person giving information <u>Soda Armstrong</u>	How related to deceased <u>None</u>						

CAUSES OF DEATH

Primary

Anæmia

81

How long

Immediate

Heart attack

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

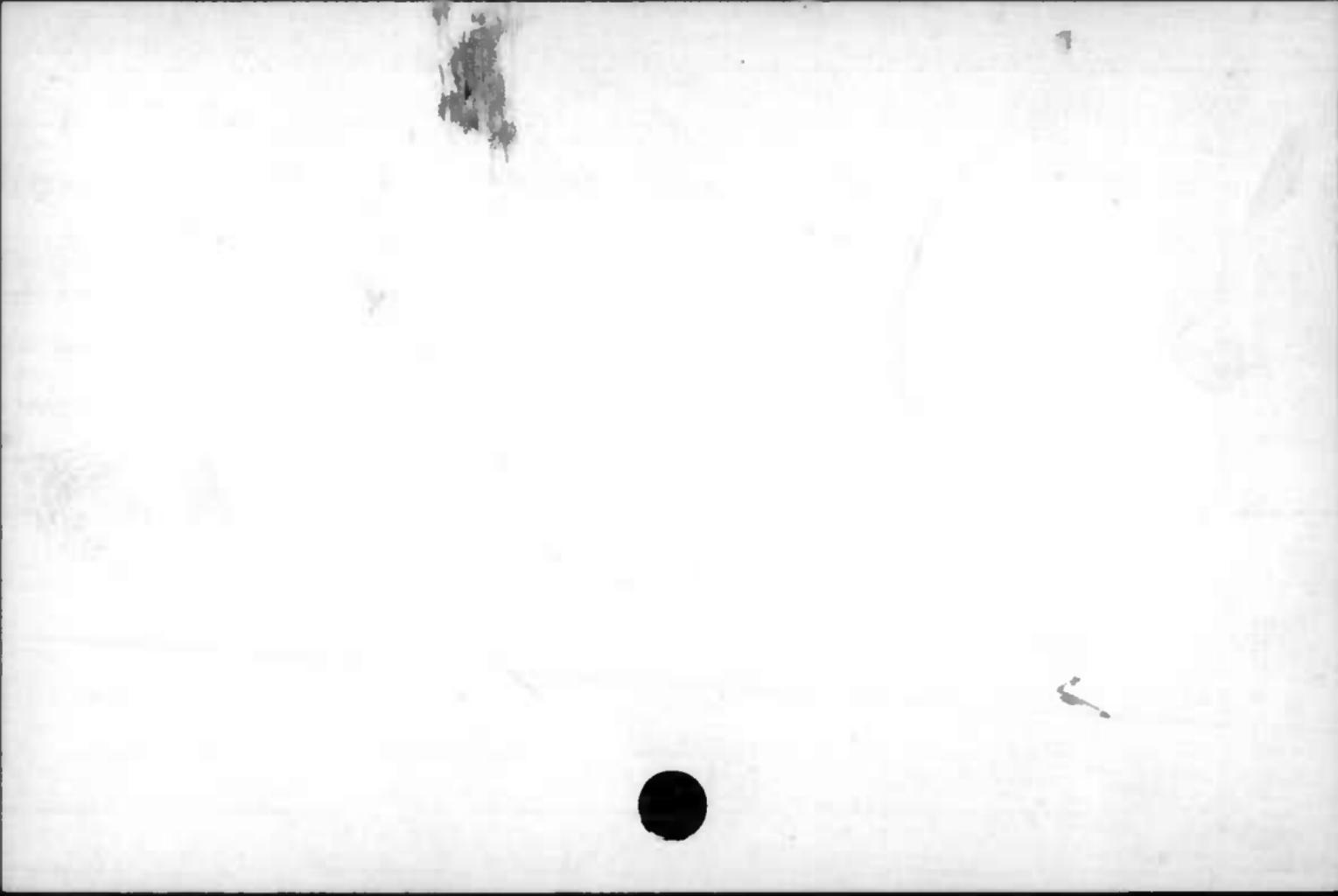
Signature of Physician

Address

L.R. Schuler.
Hagerstown.

PHYSICIAN
OR CORONER

Accident or Suicide? No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Daniel H. Snyder

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month	Day	Age	Years	Months
Sex Male	Color or Race White	Birth-place Md	Days 5		
Occupation Silk Manufacturer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Anna M. Lester	Father's Birthplace Md			
Father's Name Solomon Snyder	Mother's Birthplace Pa				
Mother's Maiden Name Mary A. Neely	How related to deceased Bro				
Name of person giving information Christian Snyder					

CAUSES OF DEATH

Primary

Gun shot wound

(159)

How long

For eight hours

Immediate

Gun shot wound

How long

Sur eight hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

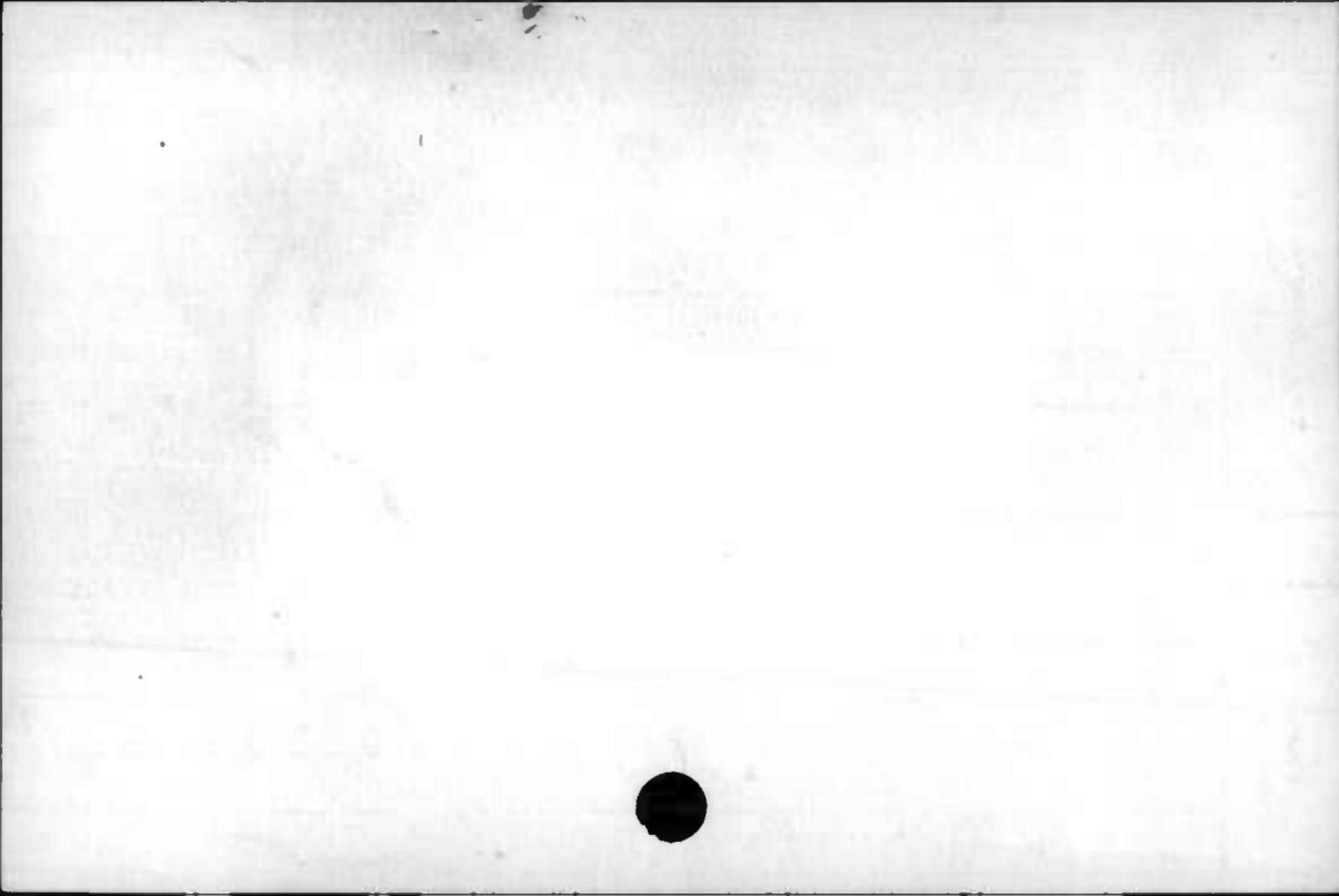
Signature of Physician

4cr

Address

Chas D. Snyder
Stayenton and

Accident or Suicide?



Name
in
Full

Isaac H. Spielman

CERTIFICATE OF DEATH

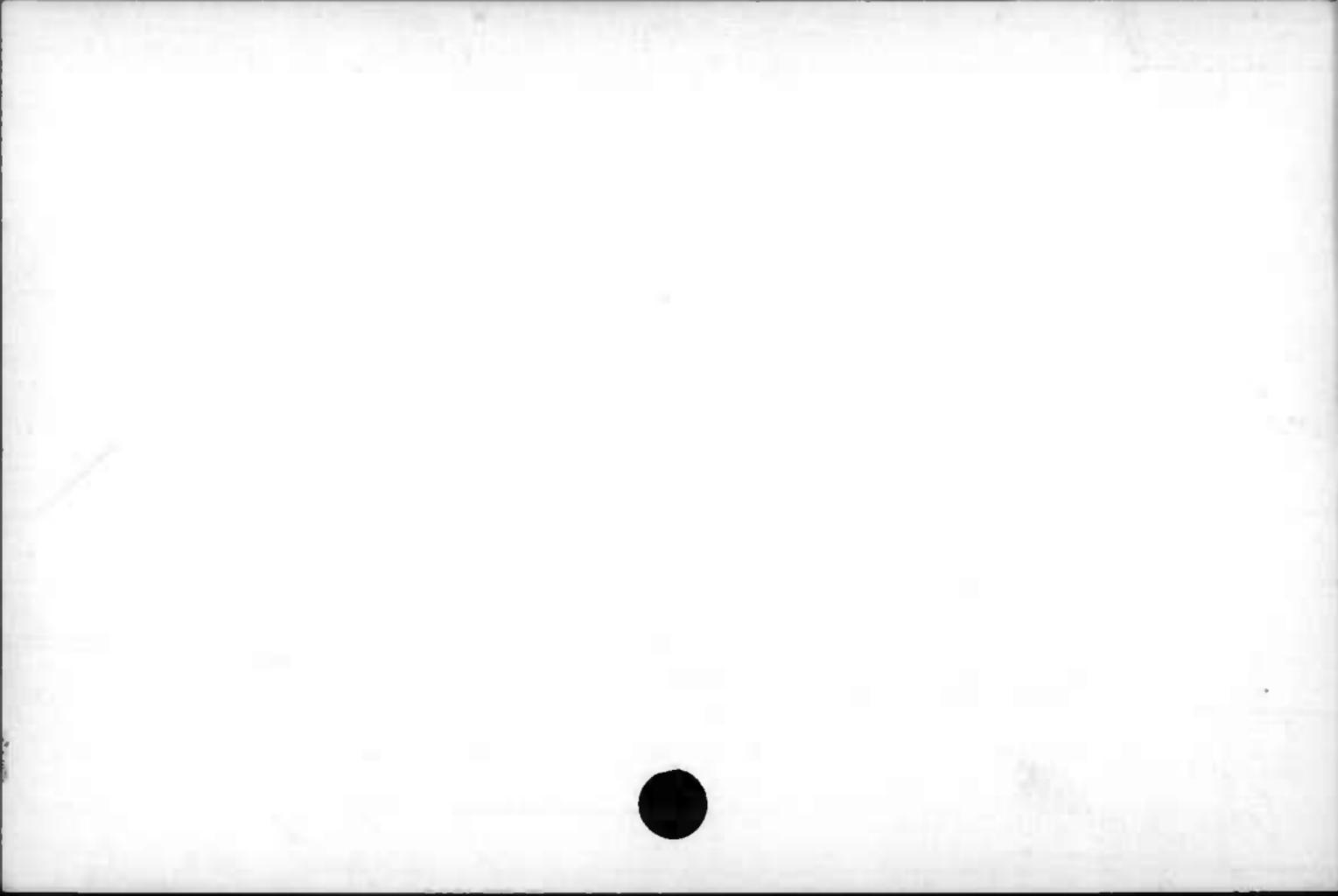
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 2	Day 21	Years 6	Months 5	Days 16	
Sex	Male	Color or Race	White	Birth- place	Md		
Occupation	child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	James H. Spielman			Father's Birthplace	Md		
Mother's Maiden Name	Amie M. Loshbaugh			Mother's Birthplace	Md		
Name of person giving Information	James H. Spielman			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria		9	How long	14 days
Immediate	Heart Failure		Exhaustion	How long	7 days
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	E. C. Warde Jr.
				Address	577 Main St. An
Accident or Suicide? _____					



Name
in
Full

Florence E. Stick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

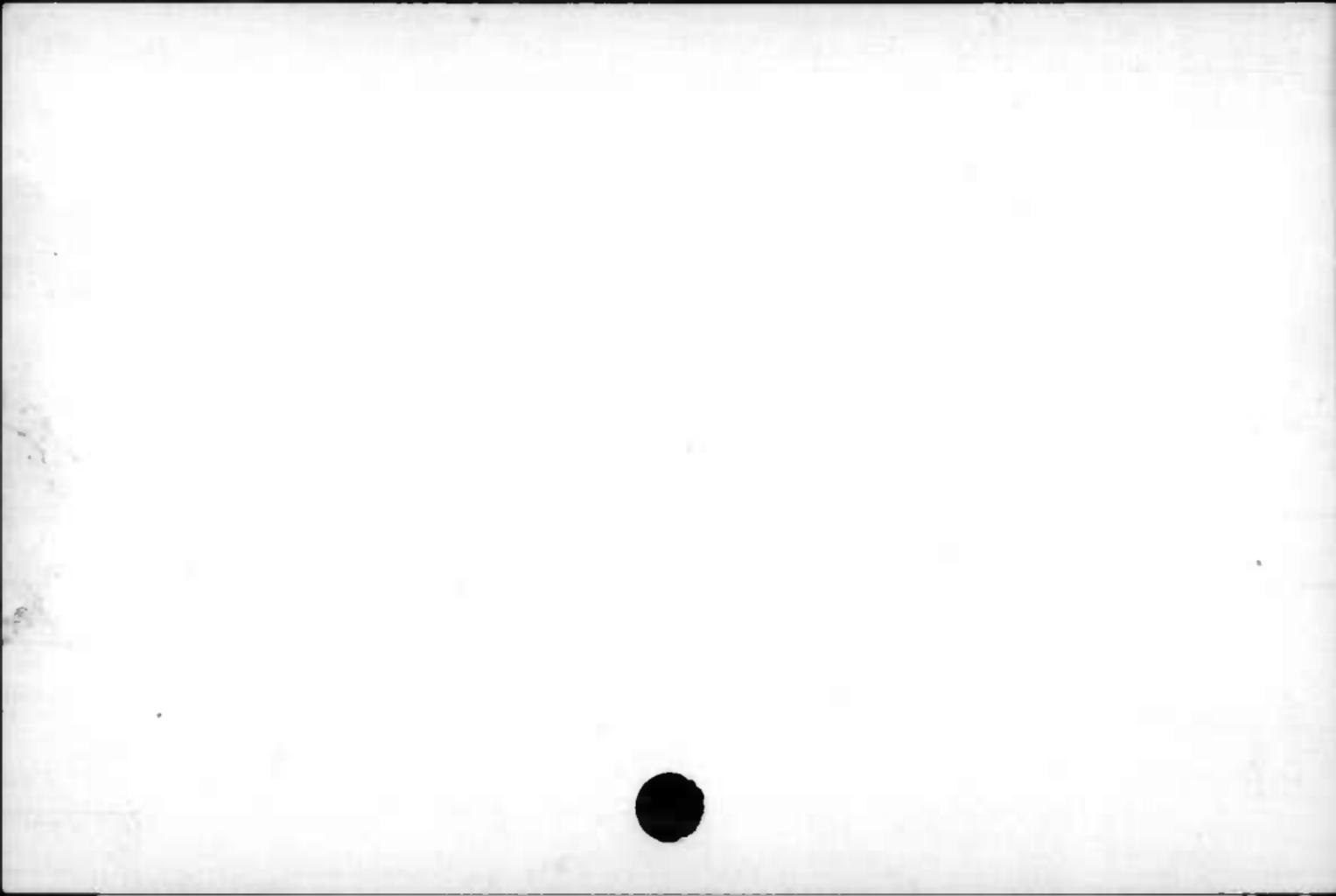
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	23	2
Occupation	None	Where Residing if not at place of death	Smithsburg		
Married, Single or Widowed	Name of Wife or Husband	House			
Father's Name	John Stick	Father's Birthplace	Pattaville		
Mother's Maiden Name	Helen Slusher	Mother's Birthplace	Boonsboro.		
Name of person giving information	Mrs Helen Stick	How related to deceased	Mother		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Complication of Disease	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician		Dr M D McFannor
Address		Smithsburg Maryland.
Accident or Suicide		



Name
in
Full

Jacob Stitely

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Wash.	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Fred. Co
Occupation	None	Where Residing if not at place of death			Saunary
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown		
Father's Name	Geo. Stitely	Father's Birthplace			Fred Co. Md.
Mother's Maiden Name	Unknown	Mother's Birthplace			Unknown
Name of person giving information	John E. Faloney	How related to deceased			None

CAUSES OF DEATH

Debility -

179

How long
One year

How long
"

PHYSICIAN
OR CORONER

Primary

Immediate

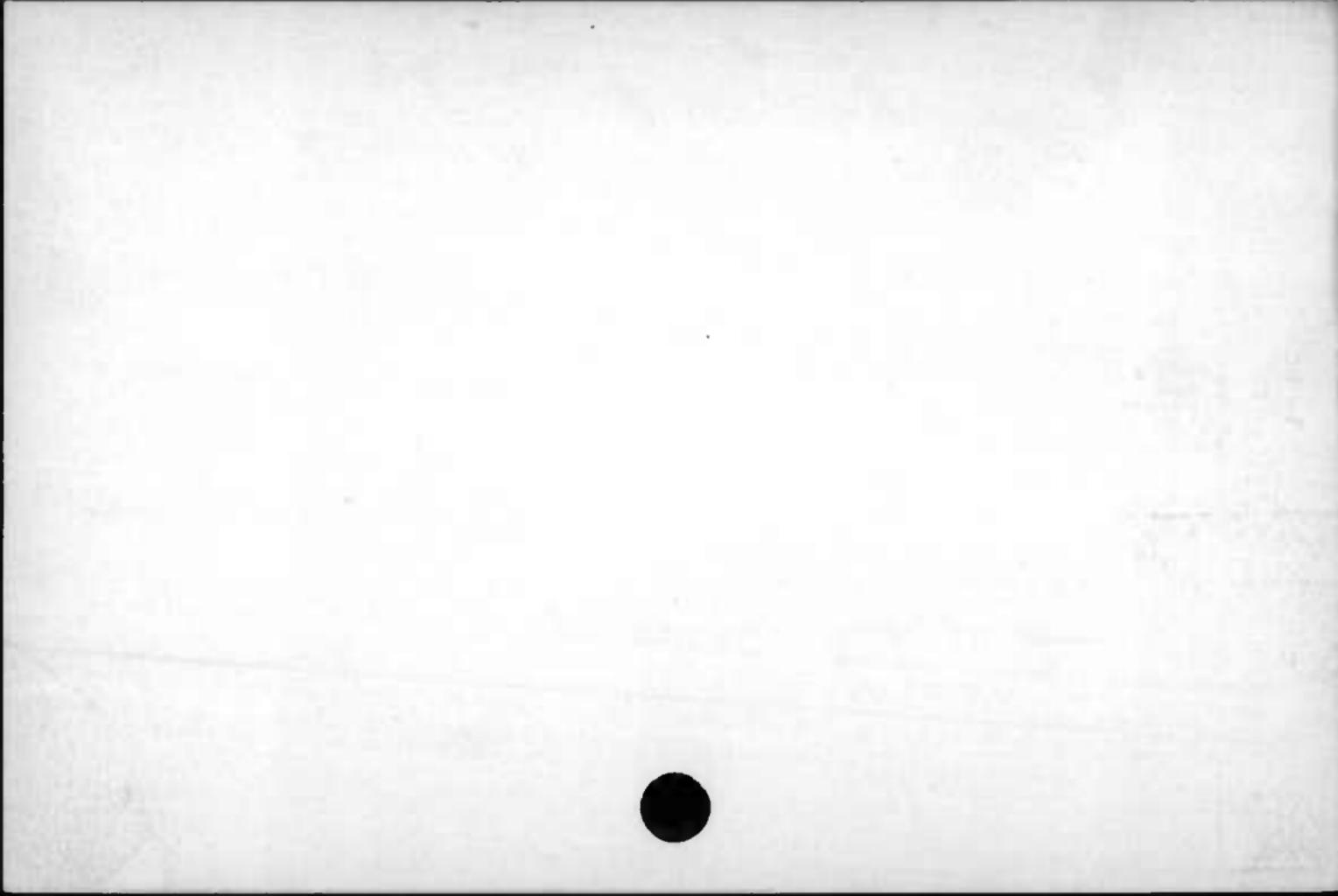
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Davis
Boonsboro
Md

Accident or Suicide?



Name
in
Full

Catharine Elizabeth Stoner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 2	Day 12	Years -	Months 11	Days 26
Sex	Female	Color or Race	White	Birth- place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Albert Stoner					Father's Birthplace
Mother's Maiden Name	Annie M. Slick					Mother's Birthplace
Name of person giving Information	Albert Stoner					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

10 Days

Immediate

Septicemia

How long

3 Days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. H. Dix

Hagerstown

Md

Accident or Suicide?

No. 8

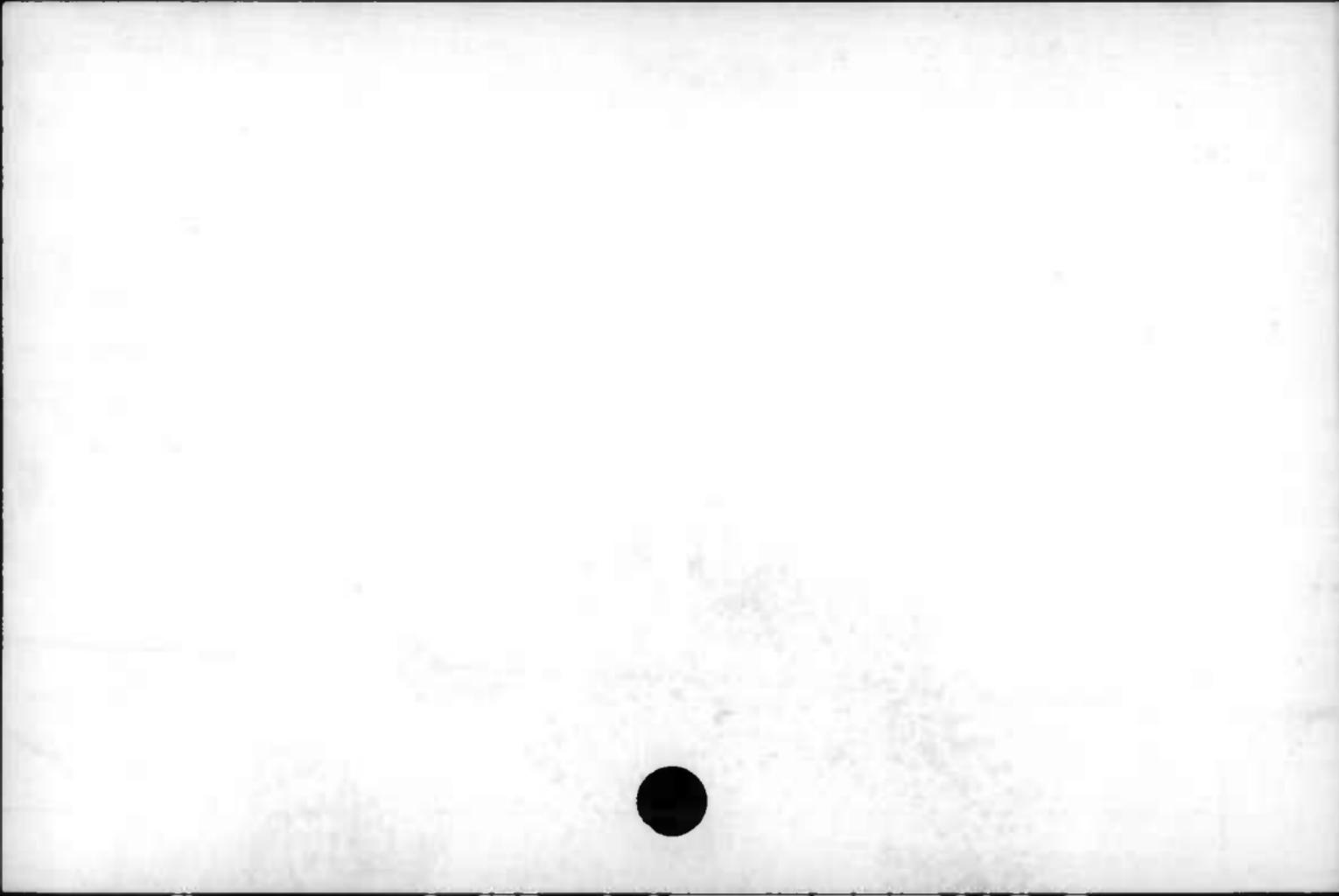
Empress

Died at		Town	County	MARYLAND		
Date of death	190	Month 9	Day 2	Years 66	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Laborer					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Lynn	Father's Name	Samuel Stouffer	
Father's Name	Samuel Stouffer					Father's Birthplace
Mother's Maiden Name	dont know					Mother's Birthplace
Name of person giving Information	Elizabeth Lynn					How related to deceased

CAUSES OF DEATH

155

Primary	Acute opium Poisoning -		How long	8 hrs. (?)
Immediate	asphyxia -		How long	4 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	T. Van Swiller Jr.
			Address	Hagerstown, Md.
Accident or Suicide?		Yes.		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Everley Eud Stough

CERTIFICATE OF DEATH

Died at	Hagerstown		Town	County	MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	29	Birth-place
Occupation	Machinist		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jacob H Stough		Father's Birthplace	Md		
Mother's Maiden Name	Sarah E Glick		Mother's Birthplace	Md		
Name of person giving Information	Amyree Stough		How related to deceased	Daughter		
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis		How long	(?)		
Immediate	Exhaustion		How long	(?)		

27

Pulmonary Tuberculosis
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

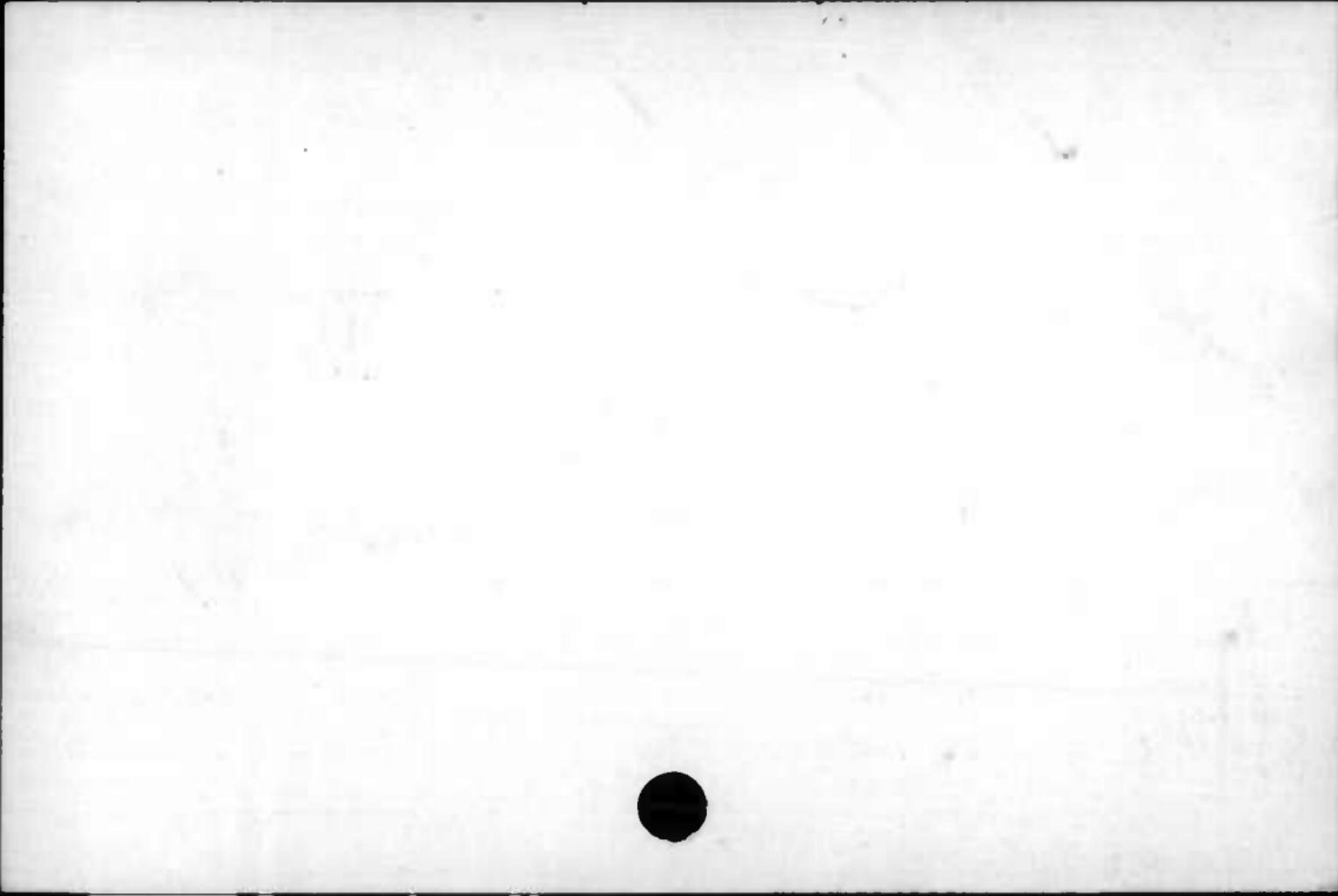
Signature of Physician

K. Mueller Jr.

Address

Hagerstown, Md.

Accident or Suicide?



Name
in
Full

Elizabeth E. Swain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Sharpburg	Town	Washington	County	MARYLAND	
Date of death	1907	Month	Feb	Day	Years	Months
Sex	Female	Age	80	Color or Race	White	Days
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Swain	Father's Birthplace	Prince George Co	
Father's Name	Jesse Anderson			Mother's Birthplace	Prince George Co	
Mother's Maiden Name	Tucker			How long related to deceased	" " "	
Name of person giving information	Mrs. Otto W. Swain			How long	Daughter	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

General Debility

How long

For years

Immediate

Bronchitis with Heart Failure

How long

Several weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. Howell Gardum

Address

Sharpburg

MD

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

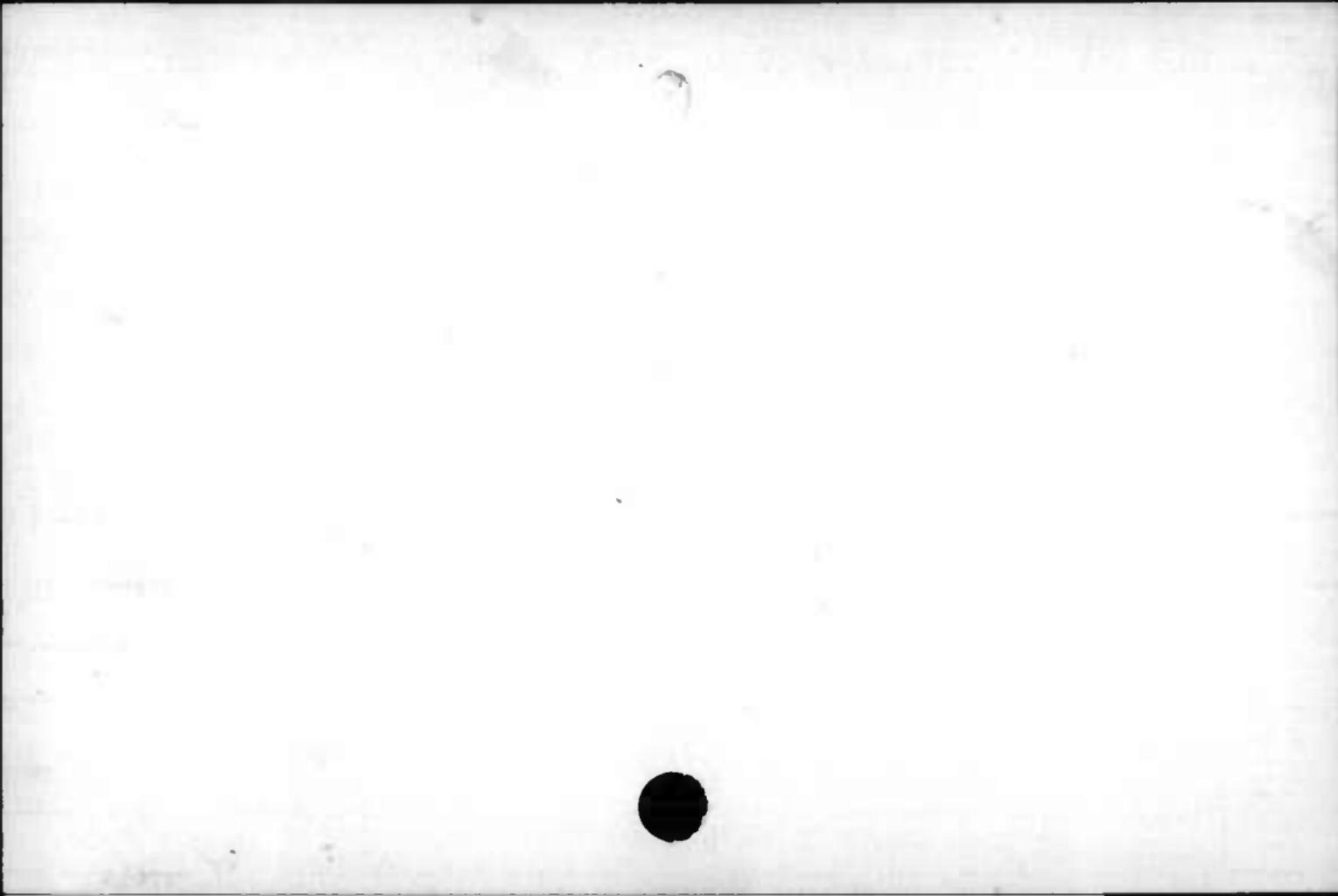
CERTIFICATE OF DEATH

Died at <i>Smithsburg</i>		Town <i>Smithsburg</i>	County <i>Ottawangoon</i>	MARYLAND		
Date of death <i>1907</i>	Month <i>9</i>	Day <i>5</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed	Name of Wife or Husband <i>None</i>			Father's Birthplace <i>Bedford Pa</i>		
Father's Name <i>John Greene</i>				Mother's Birthplace <i>Barfield</i>		
Mother's Maiden Name <i>Sabine Leifer</i>				Father <i>Father</i>		
Name of person giving information <i>John Greene</i>				How related to deceased <i>93</i>		

CAUSES OF DEATH

Primary <i>Intestinal Irrigation</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. K. Kefauver</i>
	Address <i>Smithsburg Maryland</i>
Accident or Suicidal <i>Accident</i>	

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marie Taylor

CERTIFICATE OF DEATH

Died at <u>Boylestown</u> Town		County <u>Washington</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>24</u>	Years <u>13</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Na</u>			
Occupation <u>House work</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Taylor</u>	Father's Birthplace <u>Na</u>				
Mother's Maiden Name <u>Mollie Dwyer</u>	Mother's Birthplace <u>Na</u>				
Name of person giving information <u>Charles Taylor</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

54

How long

3 months

How long

2 weeks

Primary

Acnia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Allen B. Wilson

Address

302 - n. Jonathan St.

Accident or Suicide?

no

Leiden
Januari 1882

5/13/82

Name
in
Full

William E. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u>		Town <u>Williamsport</u>		County <u>Washington</u>		MARYLAND		
Date of death 1907	Month <u>Feby</u>	Day <u>10</u>	Age <u>80</u>	Years <u>80</u>	Months <u>05</u>	Days <u>19</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Fairfax Court House</u>			
Married, Single or Widowed <u>Widower</u>			Occupation <u>Retired</u>					
Name of Wife or Husband <u>Christiane Newcomer</u>								
Father's Name <u>James Taylor</u>					Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name <u>Louise Jackson</u>					Mother's Birthplace <u>Don't Know</u>			
Name of person giving information <u>David K. Cushing</u>					How related to deceased <u>Son-in-Law</u>			

CAUSES OF DEATH

93

Primary Rheumonia & Pneumonia How long Two weeks

Immediate Bleeding & Heart Failure How long one day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. K. Snively

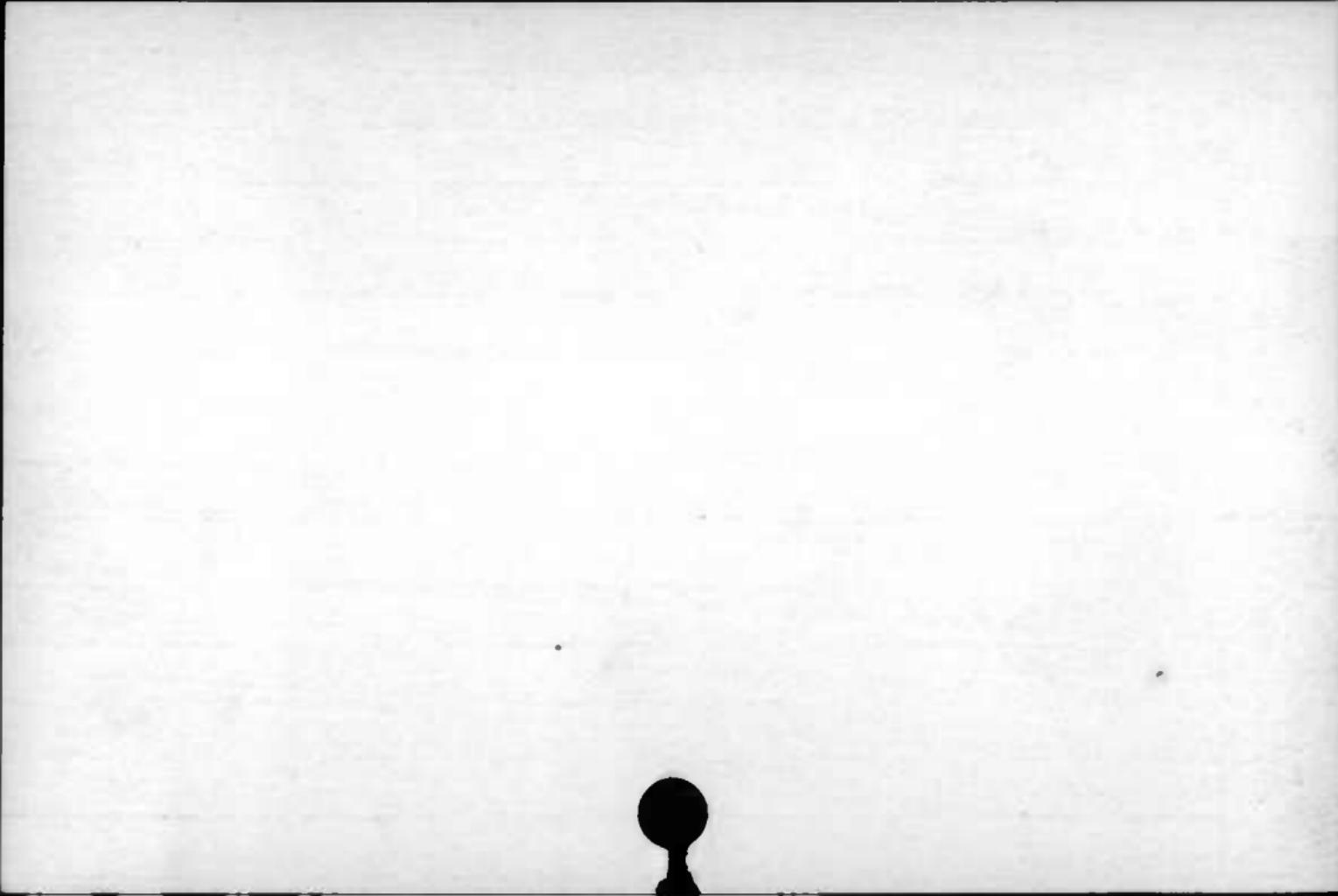
Williamsport

Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?

Neither



Name
in
Full

Henry Pedrick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

2 Locks.

Town

County

MARYLAND

Date
of death

1907

Month

2

Day

14

Years

76

Age

Months

Days

Sex

Male.

Color or
Race

white

Birth-
place

WVa

Occupation

Labour.

Where Residing if not
at place of death

2 Locks.

Married, Single
or Widowed

Name of Wife

Hephzibah Sterling

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Fred Phelps.

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Paralysis

66

How long

7 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J.P. Perry

Address

Clearspring
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Montgomery Poms				Maryland		
Died at	Town	County				
Four Lockes	Oriskany					
Date of death 1907	Month 2	Day 11	Years 23	Months	Days	12
Sex male	Color or Race Dr	Birth-place				Smythburg Md
Occupation Laborer	Where Residing if not at place of death					Four Lockes
Wife, Single or W.	Wife or Husband					
Father's Name Daniel Poms	✓			Father's Birthplace	Md	
Mother's Maiden Name Mary Burns				Mother's Birthplace	Md	
Name of person giving Information Mother				How related to deceased	Brother	
CAUSES OF DEATH						93
Primary Acute lobar pneumonia				How long	1 week	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. H. C. Foster	
				Address	Chesapeake	
Accident or Suicide?						

Feb 11 1884

Name
in
Full

Charles G. Walts.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	10 13
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Charles G. Walts	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Xagerstoune Wash. MARYLAND

1907 2 21 64 10 13

male white Penna.

Druggist

married Mrs. Annie J. Walts

Charles Walts Pa.

Mary E. Conard

Mrs. C. C. Walts wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis & Pleurisy		94	How long
Immediate	Exhaustion			1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
yes		A. P. Pumper	1 day	
		Address	3	
-Accident - Suicide				

Phoenixville Chester Co Pa

<i>Mary Elizabeth Watson</i>						CERTIFICATE OF DEATH	
Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND			
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>25</i>	Years <i>47</i>	Age <i>47</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>nd</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>nd</i>						
Married, Single or Widowed <i>Mariel</i>	Name of Wife or Husband <i>W H Watson</i>		Father's Birthplace <i>nd</i>				
Father's Name <i>Christian Joline</i>	Mother's Birthplace <i>nd</i>						
Mother's Maiden Name <i>Mary Smith</i>	How related to deceased <i>Husband</i>						
Name of person giving information <i>W H Watson</i>							

CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

8 days

Immediate

Pulmonary edema

How long

1 1/2 "

Are the name, age, sex, color, date and place correctly given above?

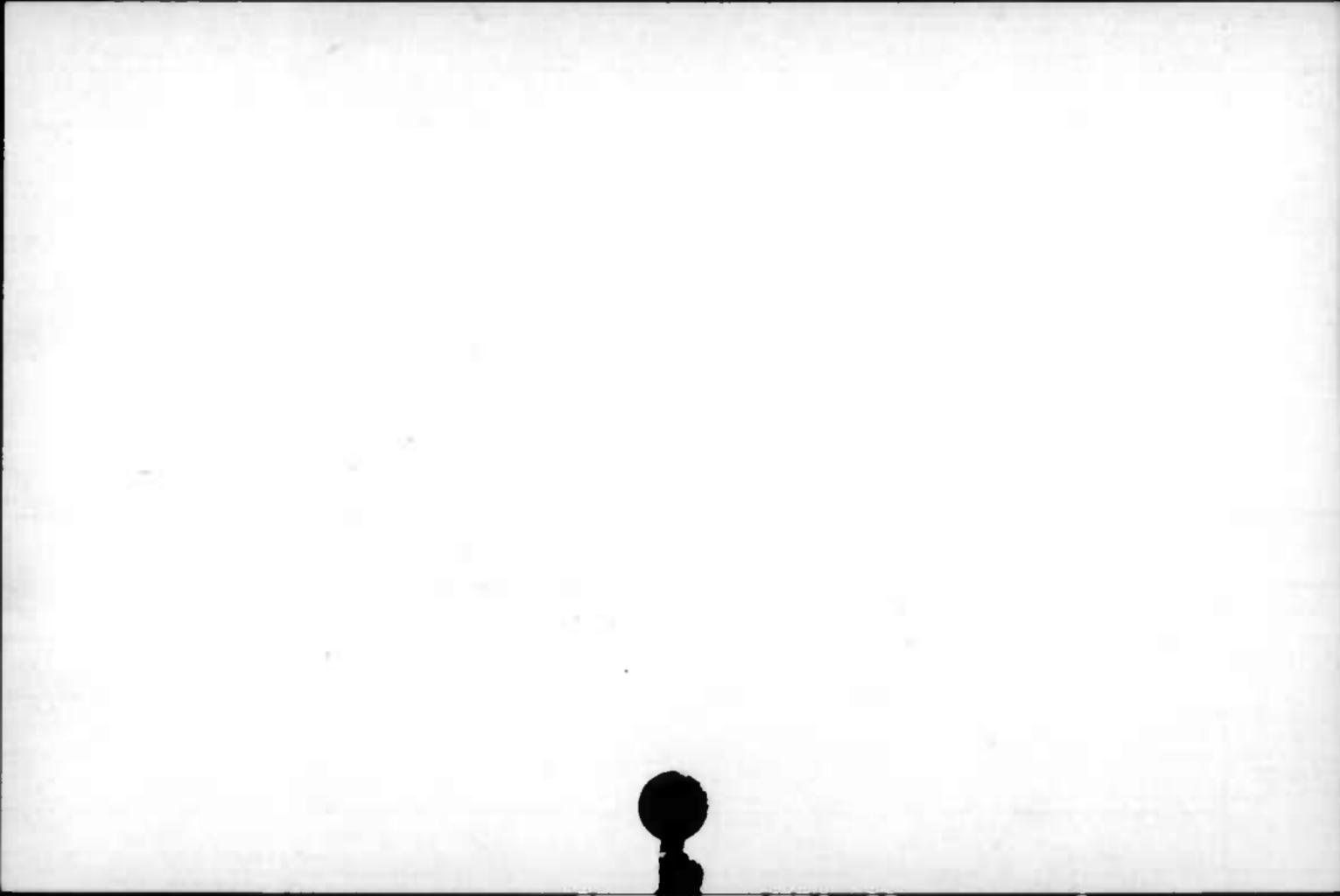
Yes

Signature of Physician

J.R. Laughlin

Address

*146 W. Franklin St.**Hagerstown, Md.*



Name
in
Full

Still Born child of William & Daisy Wellington.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Wellington					Father's Birthplace
Mother's Maiden Name	Daisy Clark					Mother's Birthplace
Name of person giving Information	Wm Wellington					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born 8 How long

Immediate _____ How long

Are the name, age, sex, color, date and place correctly given above?

yes

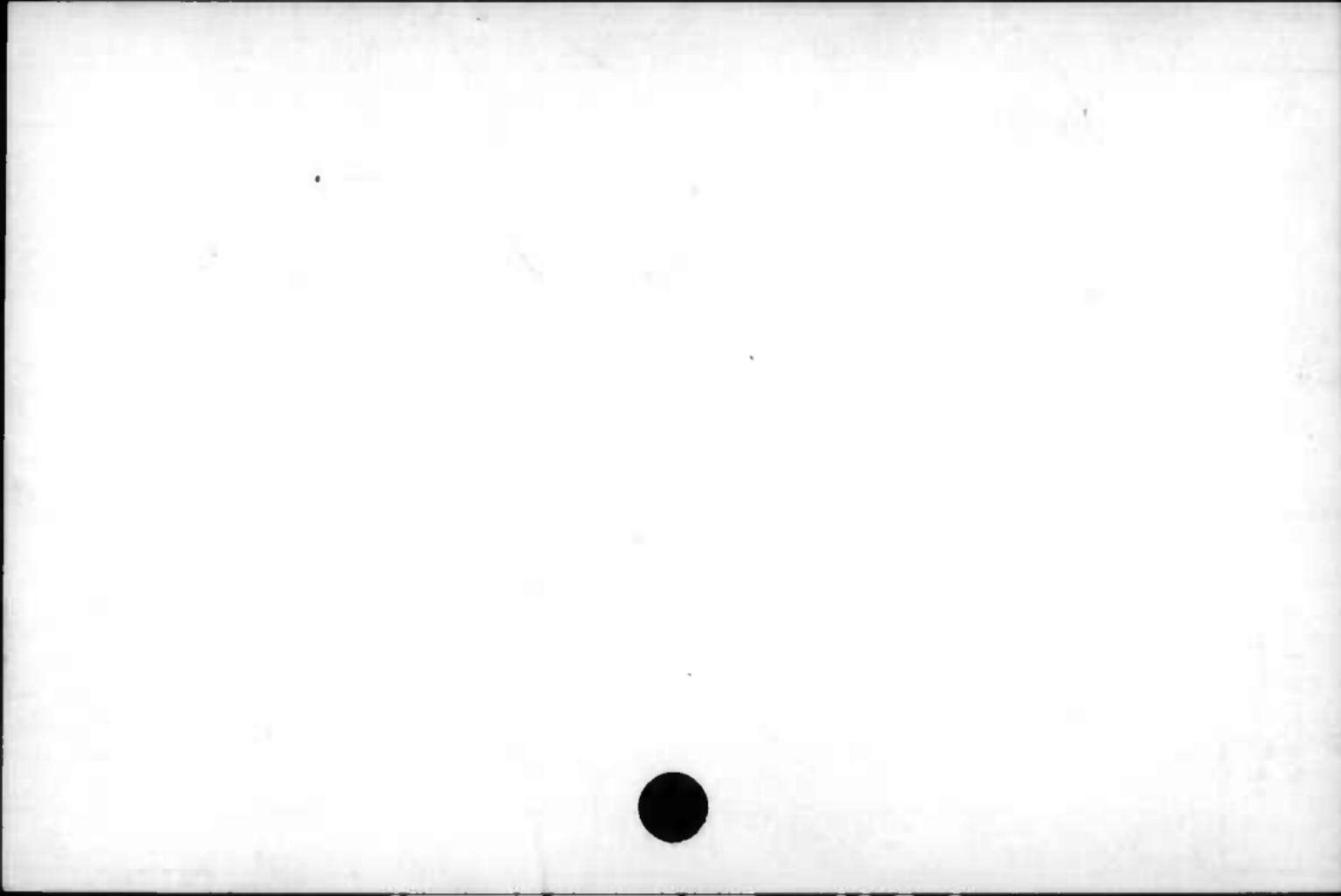
Signature of Physician

Address

Chas B Boyle

609 So. Locust St.,
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Alma Fedora Wilhite.

CERTIFICATE OF DEATH

Died at Keedysville Town Washington County MARYLAND
Date of death 1907 Month 2 Day 4 Years 1 Months 2 Days 29
Sex Female Color or Race White Birth-place Keedysville

Occupation None Where Residing if not
at place of death

Single Widowed Name of Wife or Husband

Father's Name John D. Wilhite

Father's Birthplace Middletown

Mother's Maiden Name Alice Knadler

Mother's Birthplace Keedysville

Name of person giving information John D. Wilhite

How related to deceased Father

CAUSES OF DEATH

Primary Meantism 10 How long 14 months

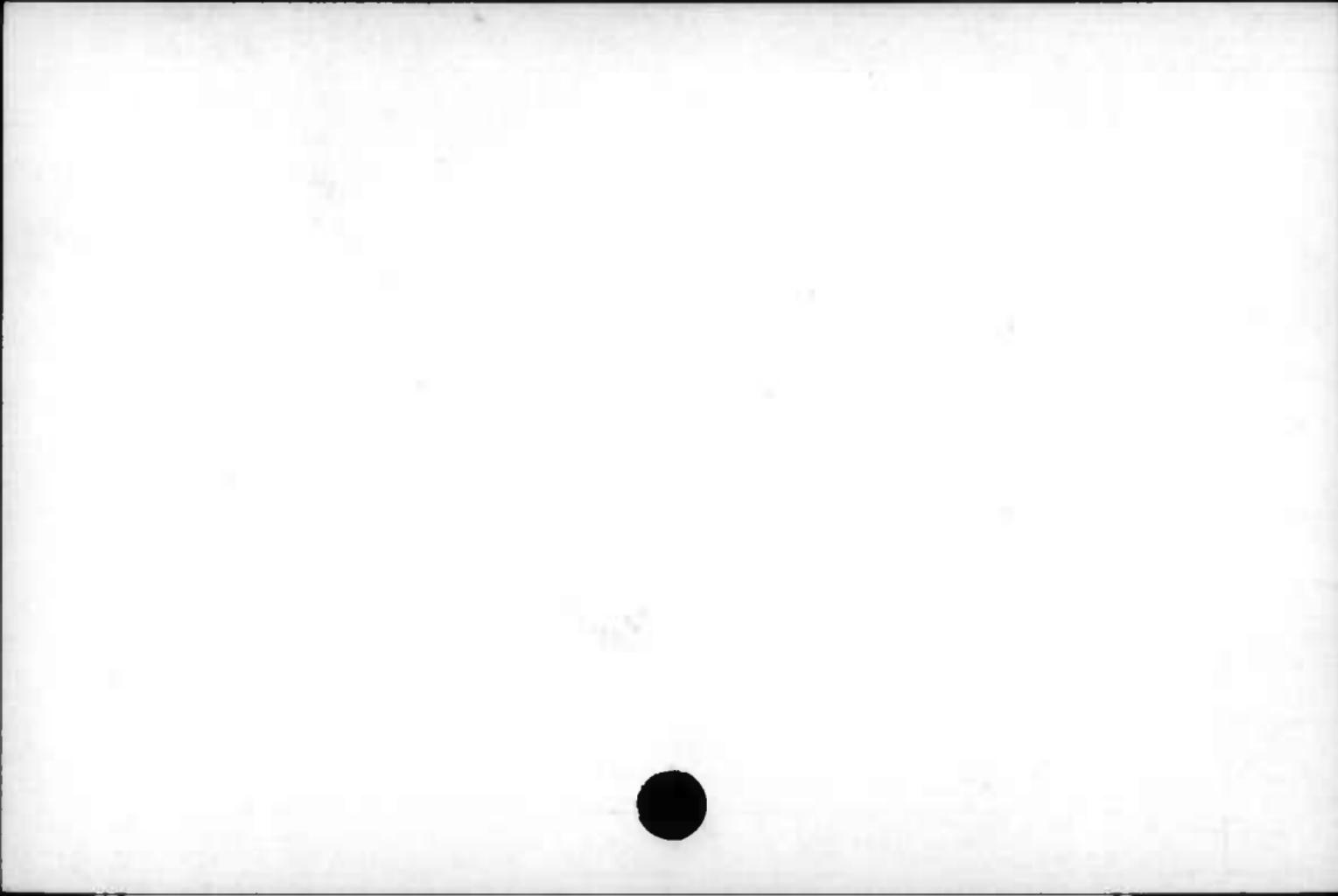
Immediate Grippie How long 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. M. Wilhite One day

PHYSICIAN
OR CORONER

Address Keedysville Md
Accident or Suicide?



Name
in
Full

Susan Rebecca Yous.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Feb.	Day 11	Years 61	Months 5	Days 8	
Sex	Female	Color or Race	white	Birth-place Peru,			
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	widow	Name of Wife or Husband	Joshua Yous.				
Father's Name	John Roger Fisher	Father's Birthplace Peru,					
Mother's Maiden Name	Eliza Beaver	Mother's Birthplace Peru,					
Name of person giving Information	Clara S. Eisley	How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia*

93

How long *Four days*
How long

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Clara S. Eisley
Hagerstown Md.

Accident or Suicide?

Greencastle